

Interment Nov 30 - 09

" at Greenmount Cemetery

Thomas P. Rice F.O.,

~~Dr. Bousne~~

Judge Eckstein

Dr McCurdy,

Name
in
Full

Isaac Samuel Annan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Emmitsburg

County

Frederick

MARYLAND

Date

1909 November

Day

10

Age

Years

76

Months

8

Days

15

Sex

male

Color or
Race

White

Birth-
place

Emmitsburg.

Occupation

Merchant

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Julia Landers

Father's
Name

Andrew Annan

Father's
Birthplace

Emmitsburg

Mother's
Maiden Name

Elizabeth Motter

Mother's
Birthplace

Emmitsburg

Name of person giving
Information

E. L. Annan

How related
to deceased

Son

CAUSES OF DEATH

Primary

Acute Indigestion

How long

10 days

Immediate

Cardiac paroxysm

How long

5 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

B. J. Jamieson

Address

Emmitsburg
Md.

Accident or Suicidal

PHYSICIAN
OR CORONER



Name
in
Full

Sarah E Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

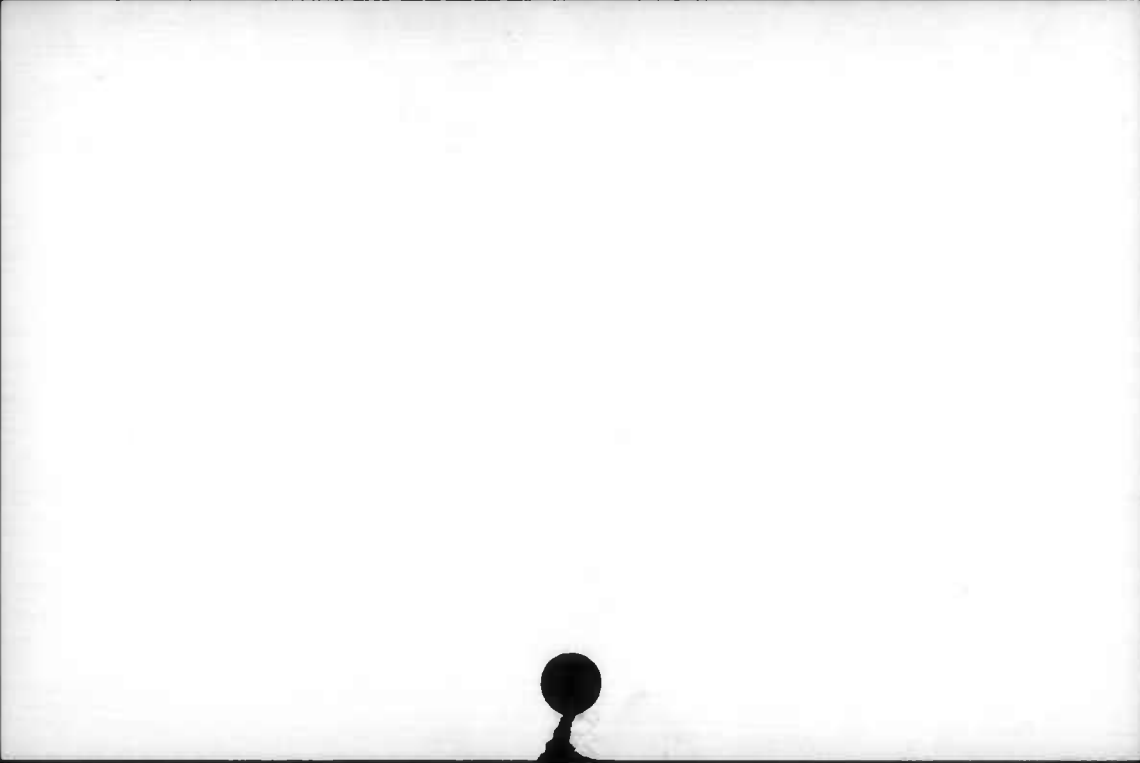
Died at 1 Hope land ^{Town} Frederick ^{County} MARYLAND
 Date of death 1909 ^{Month} Nov ^{Day} 29 ^{Years} 60 ^{Months} 7 ^{Days} 4
 Sex Female Color or Race Negro Birth-place Ind Baltimore
 Occupation House work Where Residing if not at place of death Baltimore
 Marriad, Single or Widowed Single Name of Wife or Husband —
 Father's Name Enoch Myers Father's Birthplace Ind
 Mother's Maiden Name Mary Ann Briggs Mother's Birthplace Ind
 Name of person giving Information Mary Price How related to deceased Sister

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary Myocardial Infarction How long Several years
 Immediate Exhaustion How long 6 weeks
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician T. Clyde Rounton
 Address Buckleytown
 Accident or Suicide —



Name
in
Full

Thomas Edwin Barber

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Oliver

Frederick

Date

of death

1909

Month

11

Day

30

Years

Age

54

Months

Days

23

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Harmon

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Matthe May Hightman

Father's
Name

Thomas Barber

Father's
Birthplace

unknown

Mother's
Maiden Name

Elizabeth Blevins

Mother's
Birthplace

Maryland

Name of person giving
Information

Edgar Magaha

How related
to deceased

Son in Law

CAUSES OF DEATH

120

Primary

Bright's disease

How long

Six months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

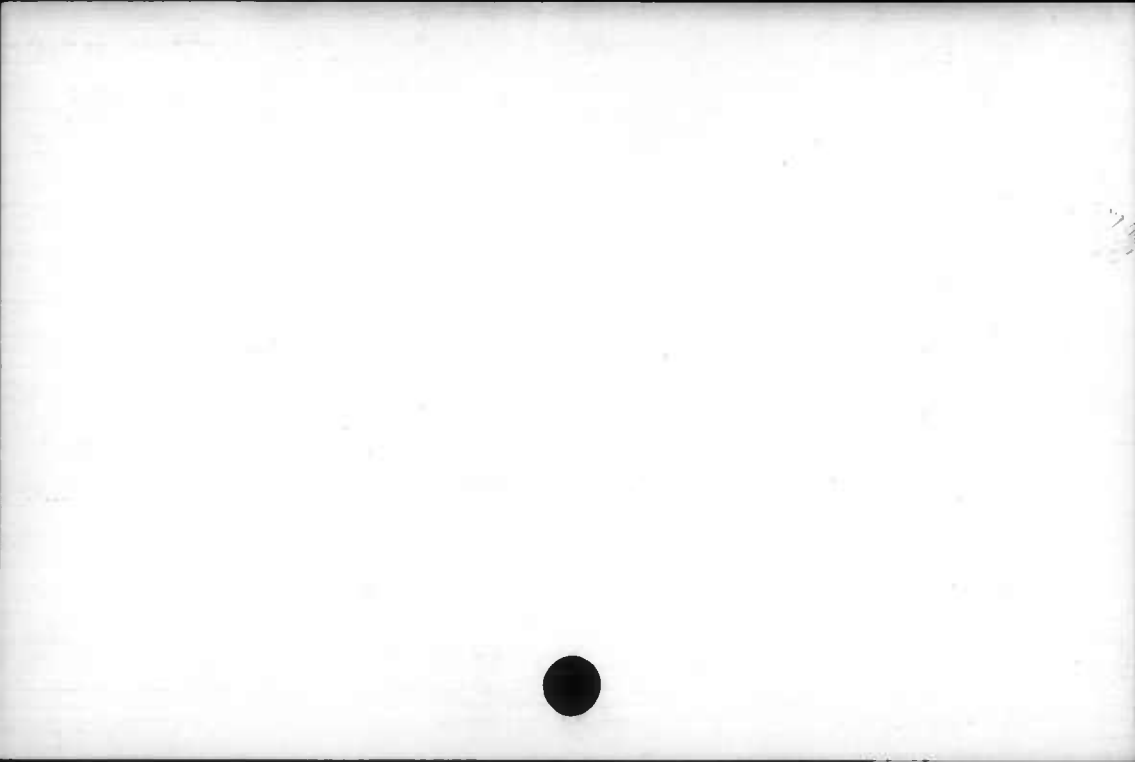
James Claggett

Address

Petersville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

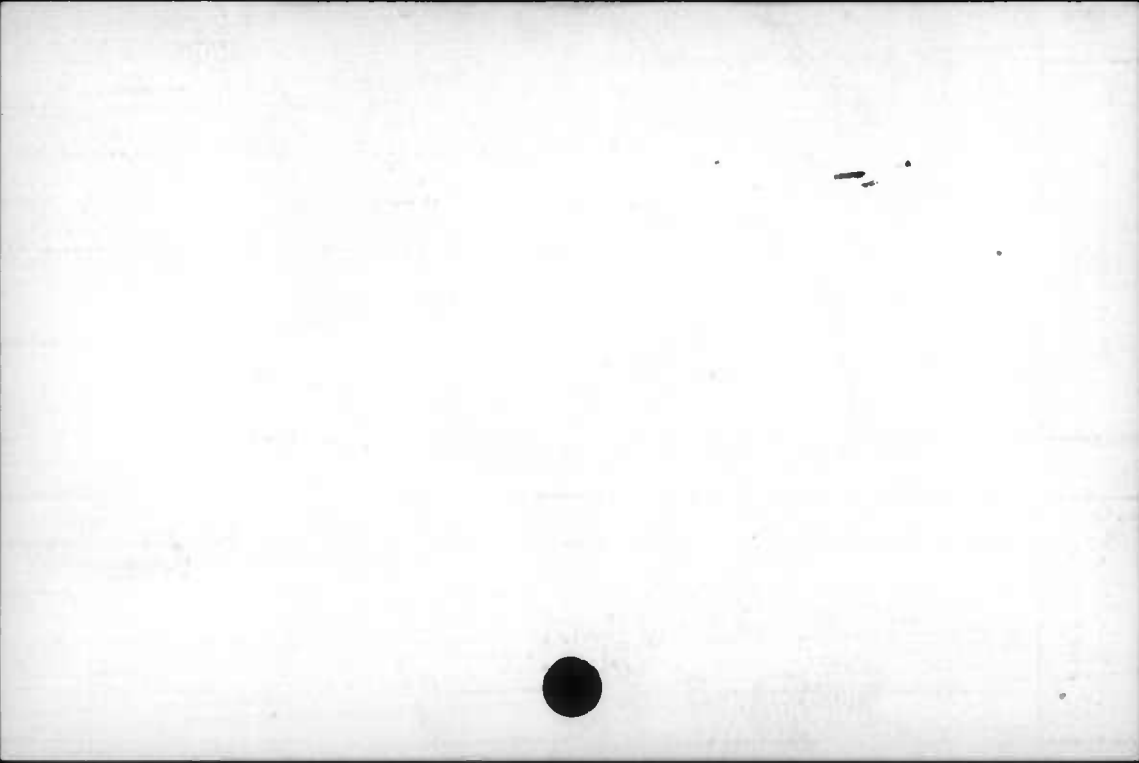
Name in Full <i>John M. Bedheimer</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Frederick</i>		Month <i>11</i>		Day <i>8</i>		Years <i>67</i>	
Date of death <i>1909</i>		Month <i>11</i>		Day <i>8</i>		Years <i>67</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>		Days <i>19</i>	
Occupation <i>Baker</i>				Where Residing if not at place of death <i>41 E. Patrick St.</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>Bedheimer</i>			
Father's Name <i>Bedheimer</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Staysman</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Chas. F. Schroedel</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>2 weeks</i>
Immediate <i>Apoplexy</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Goodman M.D.</i>
	Address <i>41 E. Patrick St.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Benjamin D Biggs

Died at ^{Town} near Thurmont ^{County} Frederick MARYLANDDate of death 1909 Nov 9th Age 79^{Years} 6^{Months} 2^{Days}

Sex Male Color or Race White Birth-place Maryland

Occupation, Retired Where Residing if not at place of death ✓

Married, Single or Widowed Widower Name of Wife or Husband Charlotte A Biggs

Father's Name Benjamin Biggs Father's Birthplace Maryland

Mother's Maiden Name Dalia Groff Mother's Birthplace Maryland

Name of person giving Information Daniel Gung How related to deceased Nephew

CAUSES OF DEATH

80

Primary Arterial Hardening and Nephritis How long 8 years

Immediate Angina pectoris How long Sudden

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Myersville* ^{Town} *Fred* ^{County}
Date of death 190*9* ^{Month} *11* ^{Day} *27* Age *79* ^{Years} *February* ^{Months} *11* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Myersville*
Occupation *House Keeper*

Where Residing if not at place of death *Myersville*

~~Married~~, Single
~~or Widowed~~

Name of Wife or Husband *Nun*

Father's Name *Joseph Bowles*

Father's Birthplace *Middleton*

Mother's Maiden Name *Kathleen Bowles*

Mother's Birthplace *Middleton*

Name of person giving Information *Louisa Derr*

How related to deceased *Sister*

CAUSES OF DEATH

79
How long

Primary *Organic Heart Disease*

Several years

Immediate *Asthma*

Several weeks

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

*Ralph Browning,
Myersville, Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Howard Brightful
Town County

MARYLAND

Died at Frederick

Fredericks

Date

of death

1909

Month

11

Day

19

Age

Years

45

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Brightful

Father's
Birthplace

Maryland

Mother's
Maiden Name

Unknown

Mother's
BirthplaceName of person giving
Information

Brightful

How related
to deceased

Brother

CAUSES OF DEATH

79

Primary

Heart Disease

How long

Several months

Immediate

Nephritis - Exhaustion

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. G. Boone M.D.

Address

Fredericks Md.

Accident or Suicide

~~~~~

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Nov 22 - 09

" at Laboring Son's Cemetery

Thomas F. Rice F.S.D.,

Dr Bourne

Dr Mc Gurdy



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mamanda M. Browning*  
Town *Fountain Mills* County *Frederick*

MARYLAND

Died at *Fountain Mills* *Frederick*  
Date of death 1909 Month *Nov.* Day *14* Age *77* Years Months *3* Days *9*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *G. Thomas Browning*

Father's Name *George C. Bay* Father's Birthplace *Md.*

Mother's Maiden Name *Annie White* Mother's Birthplace *Md.*

Name of person giving Information *Lynn Browning* How related to deceased *Son*

CAUSES OF DEATH

Primary *Bronchitis and Lungs delirium* How long *10 days*

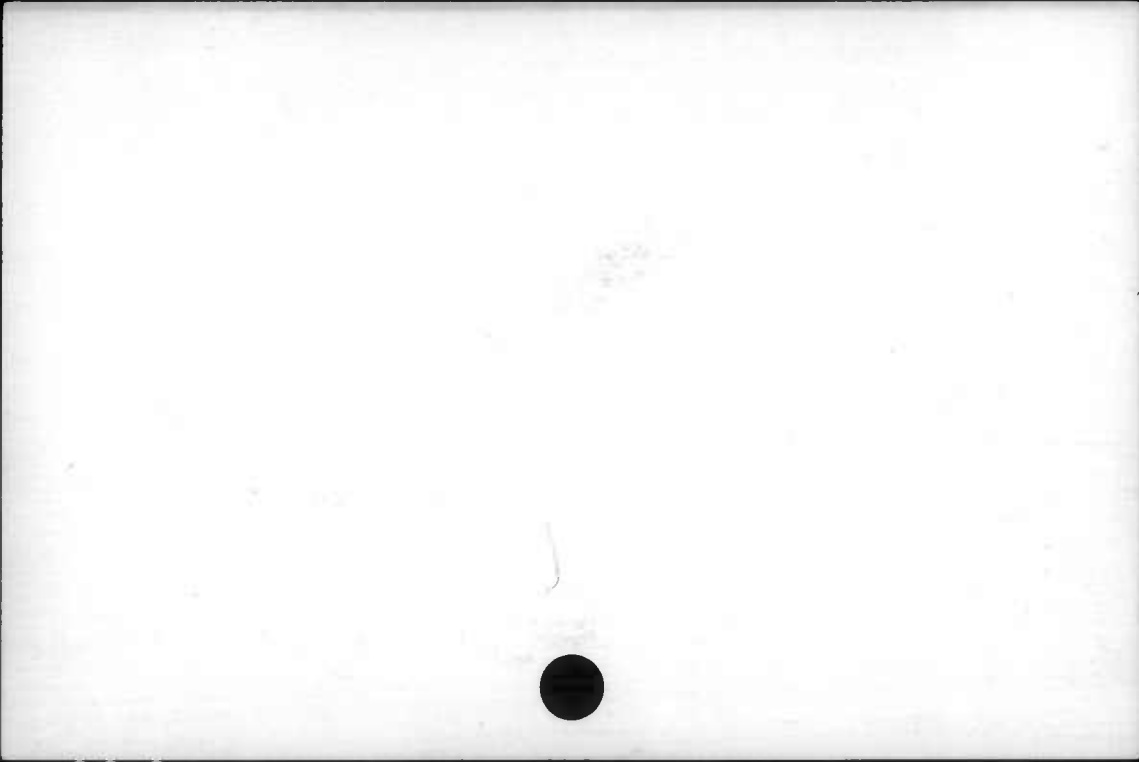
Immediate *Heart failure and exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. C. Freeman*

Address *Shrader* *Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Louisa A Krauth Brooker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

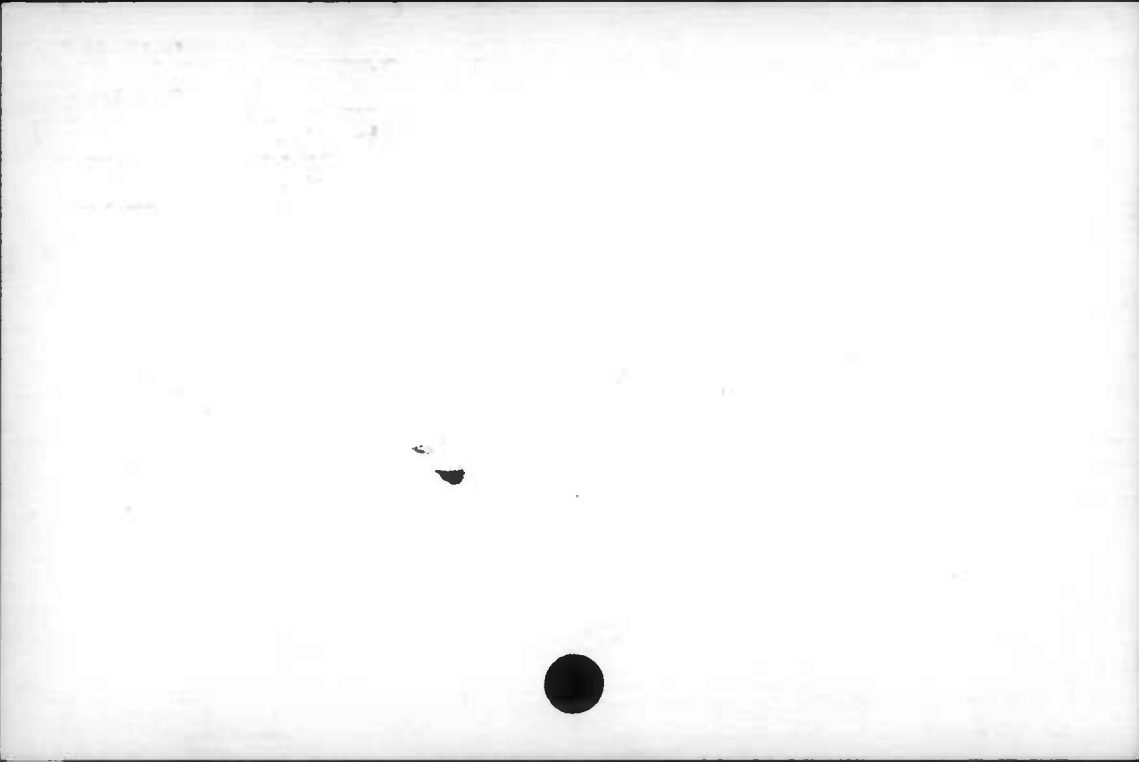
|                                                               |  |                                                        |     |                                             |        |          |  |
|---------------------------------------------------------------|--|--------------------------------------------------------|-----|---------------------------------------------|--------|----------|--|
| Died at                                                       |  | Town<br><i>Frederick</i>                               |     | County<br><i>Frederick</i>                  |        | MARYLAND |  |
| Date of death                                                 |  | Month                                                  | Day | Years                                       | Months | Days     |  |
| 1907                                                          |  | Nov.                                                   | 14  | Age 88                                      |        |          |  |
| Sex<br><i>Female</i>                                          |  | Color or Race<br><i>White</i>                          |     | Birth-place<br><i>MD</i>                    |        |          |  |
| Occupation<br><i>Retired Hospital Nurse</i>                   |  |                                                        |     | Where Residing if not at place of death     |        |          |  |
| Married, Single<br>& Widowed                                  |  | Name of <del>Wife</del><br>Husband<br><i>? Brooker</i> |     |                                             |        |          |  |
| Father's Name<br><i>John Krauth</i>                           |  |                                                        |     | Father's Birthplace<br><i>Hanna Germany</i> |        |          |  |
| Mother's Maiden Name<br><i>Susan Keller</i>                   |  |                                                        |     | Mother's Birthplace<br><i>MD</i>            |        |          |  |
| Name of person giving Information<br><i>Mrs John Whitmore</i> |  |                                                        |     | How related to deceased<br><i>none</i>      |        |          |  |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|                                                                      |                                     |                                              |                   |
|----------------------------------------------------------------------|-------------------------------------|----------------------------------------------|-------------------|
| Primary                                                              | <i>Mitral Insufficiency (Heart)</i> | How long                                     | <i>many years</i> |
| Immediate                                                            | <i>Exhaustion</i>                   | How long                                     | <i>one week</i>   |
| Are the name, age, sex, color, data and place correctly given above? |                                     | Signature of Physician<br><i>Wm Crawford</i> |                   |
| <i>Yes</i>                                                           |                                     | Address<br><i>Frederick MD</i>               |                   |
| Accident or Suicide                                                  |                                     | <i>no</i>                                    |                   |



Name  
in  
Full

David Victor Buchanan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                                                                |                                         |                            |                           |
|------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------|---------------------------|
| Died at <sup>Town</sup> <i>Brood Run</i> <sup>County</sup> <i>Brederick</i>                    |                                         | MARYLAND                   |                           |
| Date of death 190 <sup>Month</sup> <i>9</i> <sup>Day</sup> <i>11</i> <sup>Years</sup> <i>6</i> | Age <i>35</i>                           | <sup>Months</sup> <i>8</i> | <sup>Days</sup> <i>27</i> |
| Sex <i>Male</i>                                                                                | Color or Race <i>White</i>              | Birth-place <i>Md</i>      |                           |
| Occupation <i>Road Salesman</i>                                                                | Where Residing if not at place of death |                            |                           |
| Married, Single or Widowed <i>Married</i>                                                      | Name of Wife or Husband <i>Edna J</i>   |                            |                           |
| Father's Name <i>John C Buchanan J</i>                                                         | Father's Birthplace <i>Md</i>           |                            |                           |
| Mother's Maiden Name <i>died when quite young (Unknown)</i>                                    | Mother's Birthplace <i>Unknown</i>      |                            |                           |
| Name of person giving Information <i>Edna J Buchanan</i>                                       | How related to deceased <i>Wife</i>     |                            |                           |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                            |
|---------------------------------------------------------------------------------|--------------------------------------------|
| Primary <i>Pulmonary Hemorrhage</i>                                             | How long <i>1 week</i>                     |
| Immediate <i>Pneumonia</i>                                                      | How long <i>3 days</i>                     |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Geo W Yurtee</i> |
|                                                                                 | Address <i>Burkittsville Md</i>            |
| Accident or Suicide                                                             |                                            |



Name  
in  
Full

Ollie Bessie Carroll

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brunswick Town Frederick County **MARYLAND**

Date of death 1909 Month Nov Day 21 Age 22 Years Months 0 Days 23

Sex Female Color or Race white Birth-place W. Va.

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Divorced Name of Wife or Husband (Divorced husband John O'Brien)

Father's Name Edw. Carroll Father's Birthplace W. Va.

Mother's Maiden Name Annie Rittenhour Mother's Birthplace Md.

Name of person giving Information Edw. Carroll How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic (gonorrheal) infection (no. 1 B. 100) How long 3 years

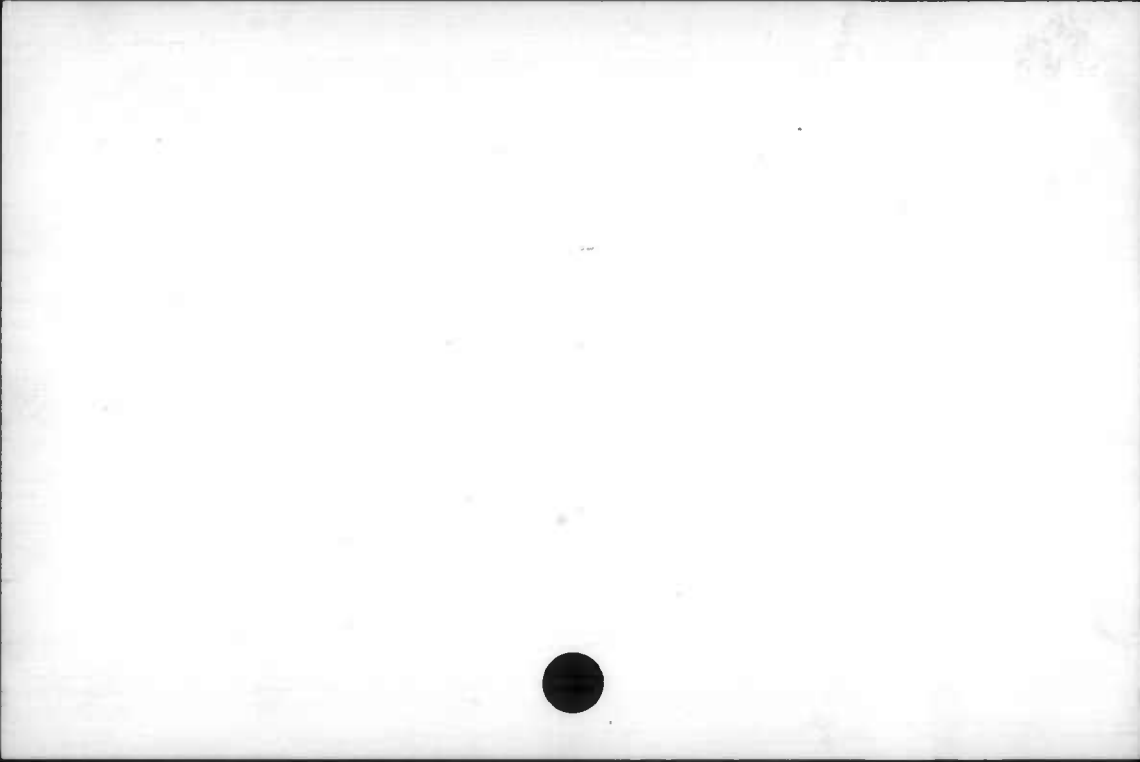
Immediate Fatal Exhaustion (?) How long Do not know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. W. R. Cramer

Address Brunswick Md.

Accident or Suicide —





Name  
in  
Full

William W. Cole.

CERTIFICATE OF DEATH

|                                   |              |                         |                                         |                         |          |         |    |
|-----------------------------------|--------------|-------------------------|-----------------------------------------|-------------------------|----------|---------|----|
| Died at <u>Frederick</u>          |              | Town <u>Frederick</u>   |                                         | County <u>Frederick</u> |          | MAYLAND |    |
| Date of death                     | 1909         | Month                   | 11                                      | Day                     | 21       | Age     | 60 |
| Sex                               | Male         | Color or Race           | Black                                   | Birth-place             | Maryland |         |    |
| Occupation                        | Laborer      |                         | Where Residing if not at place of death |                         | Same     |         |    |
| Married, Single or Widowed        | Married      | Name of Wife or Husband | Sarah Gull.                             |                         |          |         |    |
| Father's Name                     | Unknown      |                         |                                         | Father's Birthplace     | Unknown  |         |    |
| Mother's Maiden Name              | "            |                         |                                         | Mother's Birthplace     | Unknown  |         |    |
| Name of person giving Information | William Cole |                         |                                         | How related to deceased | Son      |         |    |

CAUSES OF DEATH

|                                                                      |                                  |               |          |
|----------------------------------------------------------------------|----------------------------------|---------------|----------|
| Primary                                                              | Accidental Injury - Hit by Stone | How long      | 5 days - |
| Immediate                                                            | Traumatic Hemorrhage             | How long      | 2 days - |
| Are the name, age, sex, color, date and place correctly given above? |                                  | yes           |          |
| Signature of Physician                                               |                                  | J. M. Kennedy |          |
| Address                                                              |                                  | Frederick     |          |
| Accident or Suicide                                                  |                                  | -             |          |

164

Interment Nov 23 - 09

" at Greenmount Cemetery

Thomas P. Rice F.O.

Dr Mc Gandy -

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs Nettie D. Crum*  
Died *near* *Mt Pleasant* *Frederick* County MARYLAND

Date of death 1909 Nov 22 Age 26 Months 8 Days 6

Sex *Female* Color or Race *White* Birth-place *New Market*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *David Crum*

Father's Name *George Hoffmann* Father's Birthplace *Frederick*

Mother's Maiden Name *Nettie Trout* Mother's Birthplace *Montgomery Co*

Name of person giving Information *David Crum* How related to deceased *Husband*

CAUSES OF DEATH

132

PHYSICIAN  
OR CORONER

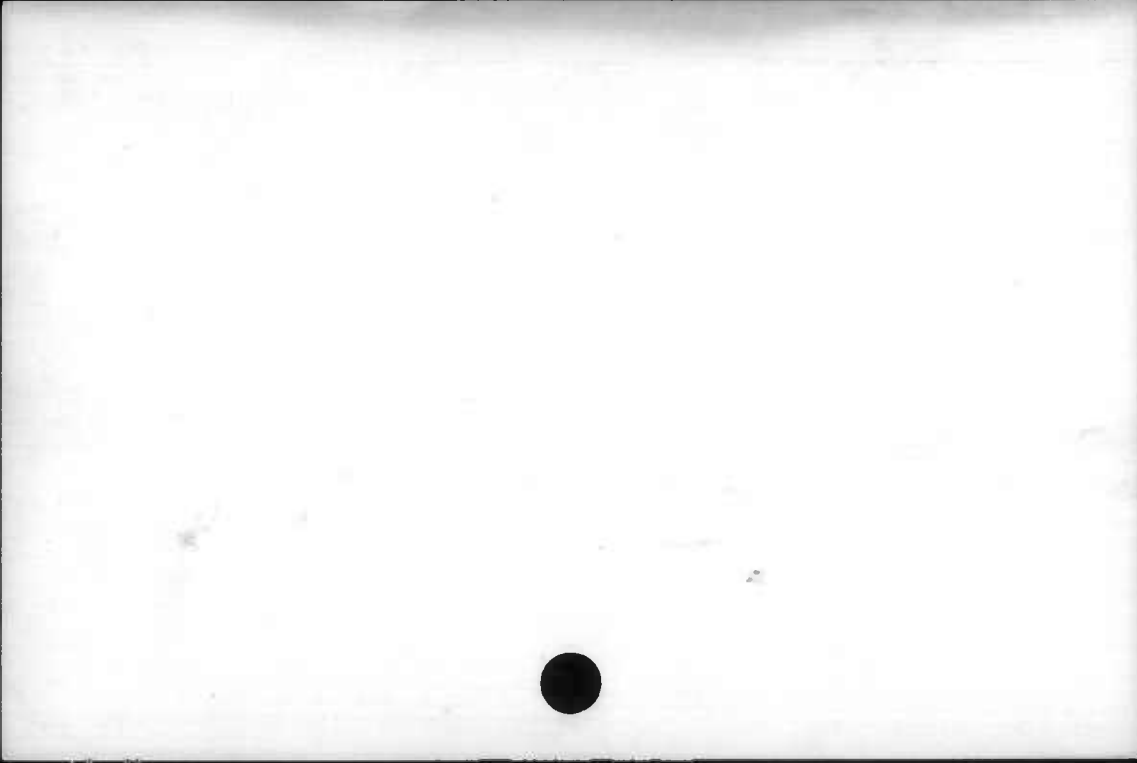
Primary *Pyosalpinx* How long 48

Immediate *Pyemia* How long 6

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. S. Hallard M.D.*  
Address *Mt Pleasant, Frederick Co. Md.*

Accident or Suicide



Name  
in  
Full

Mrs Sarah E Dougherty

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Frederick City* <sup>County</sup> *Frederick* **MARYLAND**

Date of death 190 <sup>Month</sup> *Nov* <sup>Day</sup> *27* Age <sup>Years</sup> *48* <sup>Months</sup> *6* <sup>Days</sup> *13*

Sex *Female* Color or Race *White* Birth-place *Co*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, ~~Single~~ or Widowed \_\_\_\_\_ Name of Wife or Husband *C. Sherman Dougherty*

Father's Name *John Melhede* Father's Birthplace *Co*

Mother's Maiden Name *Susan Blessing* Mother's Birthplace *Co*

Name of person giving Information *Walter Rice* How related to deceased *son in law*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

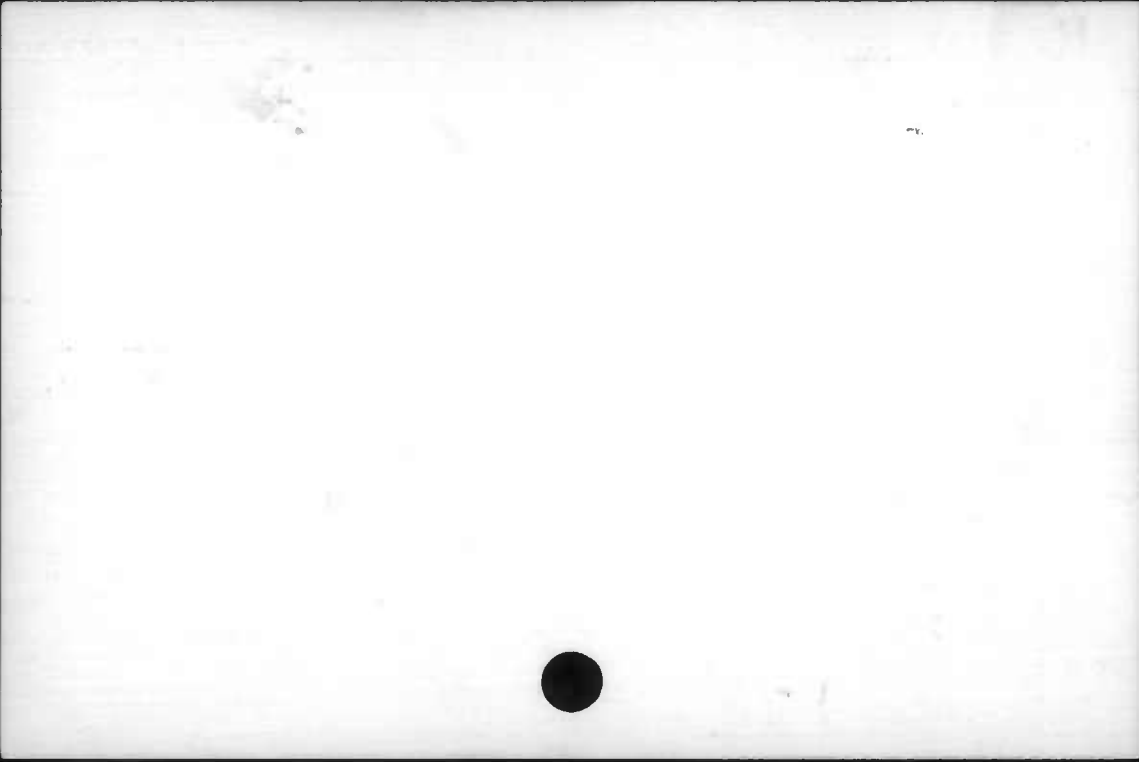
Primary *Cardiac Dilatation* How long *2 mo*

Immediate *Cardiac Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_ Signature of Physician *R. S. Lyman*

Address *Frederick Md*

Accident or Suicide \_\_\_\_\_



Name  
in  
Full

CERTIFICATE OF DEATH

Mary A. Ezyler

Libertytown

Ind. Co.

MARYLAND

Died at

Date

of death 1909

Month

11

Day

2

Age

Years

8

Months

9

Days

14

Sex

Female

Color or  
Race

White

Birth-  
place

Carroll Co. Md.

Occupation

Housewife

Where Reading if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Mrs. Ezyler

Father's  
Name

David Lambert

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Miss Brown

Mother's  
Birthplace

"

Name of person giving  
Information

John D. Ezyler

How related  
to deceased

Son

CAUSES OF DEATH

95

Primary

Pulmonary Congestion

How long

2 weeks.

Immediate

Heart Failure

How long

12 hours.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Ira H. Beall

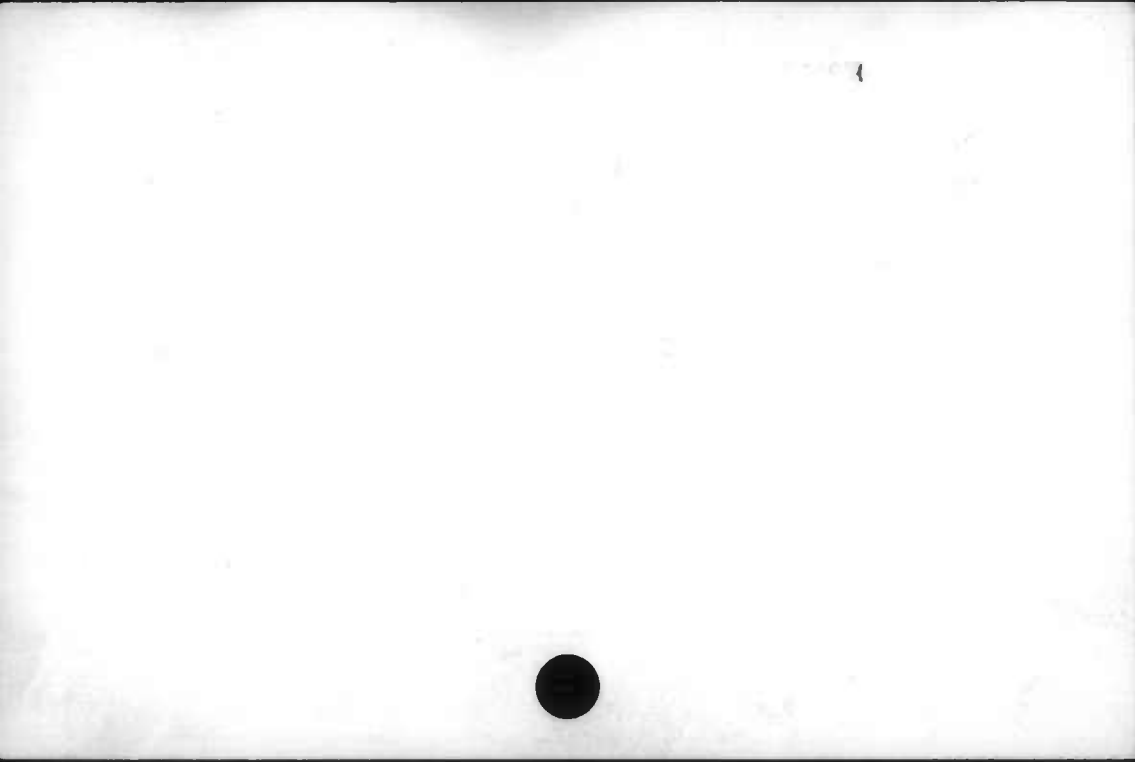
Address

Libertytown,  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Josiah Eyles.*

Town *Thurmont* County *Frederick.* MARYLAND

Died at *Thurmont*

Date of death 190 *9* Month *Nov* Day *28* Age *80* Months *10* Days *21*

Sex *Male.* Color or Race *White.* Birth-place *Maryland*

Occupation *Relier* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *Married* Name of Wife or Husband *Willie Clark.*

Father's Name *Nathaniel Eyles.* Father's Birthplace *Ind*

Mother's Maiden Name *Teresa Maser.* Mother's Birthplace *\_\_\_\_\_*

Name of person giving Information *Sarah Eyles.* How related to deceased *Daughter.*

CAUSES OF DEATH

145

PHYSICIAN  
OR CORONER

Primary *Herpes Zoster* How long *one week*

Immediate *Broncho Pneumonia* How long *three days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James R. Waters M.D*

Address *Thurmont Md*

*Accident or Suicide*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                  |  |                                              |              |                        |           |              |           |
|--------------------------------------------------|--|----------------------------------------------|--------------|------------------------|-----------|--------------|-----------|
| Died at                                          |  | Town<br>Enniscorthy                          |              | County<br>Frederick    |           | MARYLAND     |           |
| Date of death                                    |  | 1909                                         | Month<br>Nov | Day<br>23              | Age<br>70 | Months<br>10 | Days<br>- |
| Sex<br>male                                      |  | Color or Race<br>white                       |              | Birth-place<br>Ireland |           |              |           |
| Occupation<br>Pensioned Soldier                  |  | Where Residing if not at place of death<br>- |              |                        |           |              |           |
| Married, Single or Widowed<br>Married            |  | Name of Wife or Husband<br>Laura Crane       |              |                        |           |              |           |
| Father's Name<br>Don't Know                      |  | Father's Birthplace<br>Ireland               |              |                        |           |              |           |
| Mother's Maiden Name<br>Don't Know               |  | Mother's Birthplace<br>Don't Know            |              |                        |           |              |           |
| Name of person giving Information<br>Laura Crane |  | How related to deceased<br>Wife              |              |                        |           |              |           |

## CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

|                                                                             |                              |                                      |      |
|-----------------------------------------------------------------------------|------------------------------|--------------------------------------|------|
| Primary                                                                     | Senile Gangrene of left foot | How long                             | 3 mo |
| Immediate                                                                   | cut haemorrh                 | How long                             | 1 wk |
| Are the name, age, sex, color, date and place correctly given above?<br>Yes |                              | Signature of Physician<br>Linn West  |      |
| 13                                                                          |                              | Address<br>Brunswick<br>Frederick Co |      |
| Accident or Suicide                                                         |                              |                                      |      |



Name  
in  
Full

Luther T. O. Frazier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

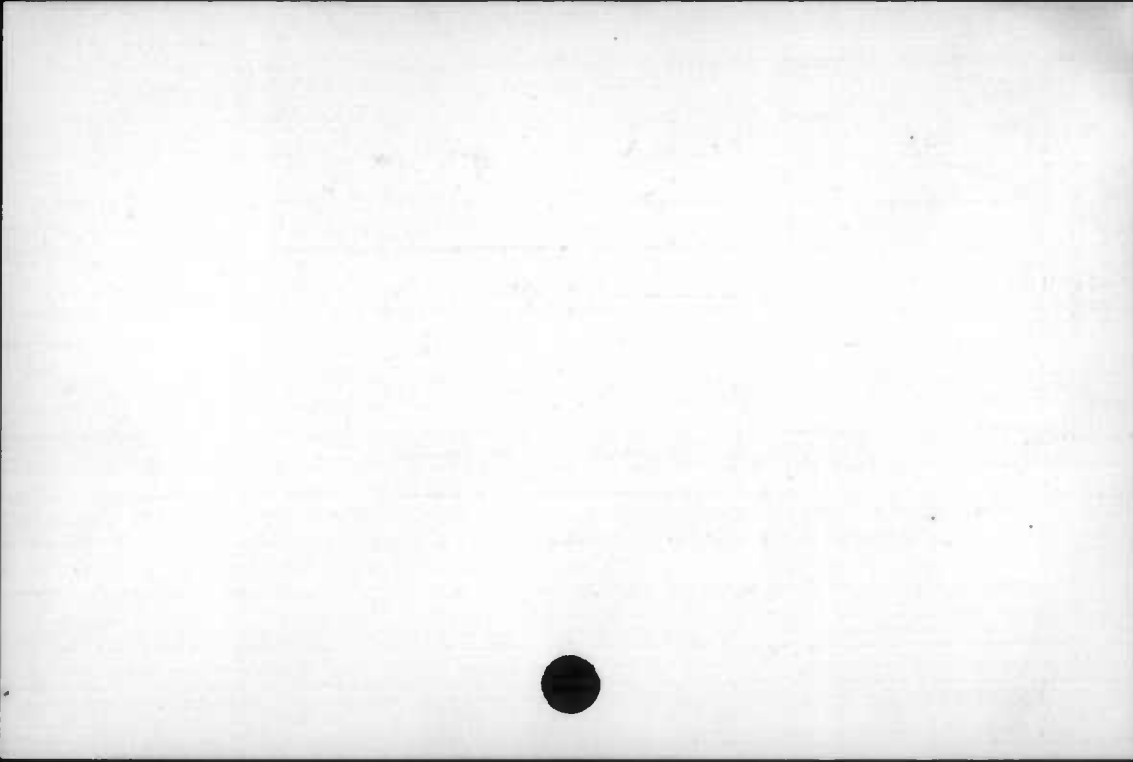
|                                   |                    |                   |                         |                                         |             |                         |                    |
|-----------------------------------|--------------------|-------------------|-------------------------|-----------------------------------------|-------------|-------------------------|--------------------|
| Died at                           |                    | Town<br>Frederick |                         | County<br>Frederick                     |             | MARYLAND                |                    |
| Date of death                     | 1909               | Month<br>Nov.     | Day<br>26               | Age                                     | Years<br>54 | Months<br>10            | Days<br>21         |
| Sex                               | Male               |                   | Color or Race           | white                                   |             | Birth-place             | Frederick, Md.     |
| Occupation                        | Retired            |                   |                         | Where Residing if not at place of death |             |                         |                    |
| Married, Single or Widowed        | Married            |                   | Name of Wife or Husband | Elizabeth Ruland                        |             |                         |                    |
| Father's Name                     | Luther Frazier     |                   |                         |                                         |             | Father's Birthplace     | Frederick Co., Md. |
| Mother's Maiden Name              | Salina Warrman     |                   |                         |                                         |             | Mother's Birthplace     | Frederick Co., Md. |
| Name of person giving information | Mrs. Eliz. Frazier |                   |                         |                                         |             | How related to deceased | wife               |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|                                                                      |                   |     |                        |                     |
|----------------------------------------------------------------------|-------------------|-----|------------------------|---------------------|
| Primary                                                              | Arterio-sclerosis |     | How long               | Several years       |
| Immediate                                                            | Cardiac Paralysis |     | How long               | Sudden death        |
| Are the name, age, sex, color, date and place correctly given above? |                   | Yes | Signature of Physician | J. O. Hendrix, M.D. |
|                                                                      |                   |     | Address                | Frederick, Md.      |
| Accident or Suicide?                                                 |                   | No  |                        |                     |



Name  
in  
Full

William Frazier

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Mountview <sup>County</sup> Frederick MARYLAND

Date of death 1909 Month 11 Day 1 Age 35 Years Months — Days —

Sex Male Color or Race Black Birthplace Va

Occupation Laborer Where Residing if not at place of death Frederick

Married, Single or Widowed Married Name of Wife or Husband Laura Williams

Father's Name Unknown Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information Mrs. Frazier How related to deceased Wife

## CAUSES OF DEATH

Primary Cardiac Valvular Lesion How long 79 years or more

Immediate Ex Lungs lesion How long Several days or more

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. E. Douvan M.D.

Address Fredrick Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Nov 2 - 09  
" at Greenmount Cem,  
Thomas P. Rice: F. & O.

Dr Bourne  
& Dr McCurdy,



Name  
in  
Full

Mary Lucinda Freshour

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                              |  |                                                 |              |                                                  |       |                       |                |
|--------------------------------------------------------------|--|-------------------------------------------------|--------------|--------------------------------------------------|-------|-----------------------|----------------|
| Died at <b>Fredericks</b>                                    |  | Town                                            |              | County <b>Fredericks</b>                         |       | State <b>MARYLAND</b> |                |
| Date of death <b>1909</b>                                    |  | Month <b>Nov</b>                                | Day <b>1</b> | Age <b>68</b>                                    | Years | Months <b>4</b>       | Days <b>13</b> |
| Sex <b>Female</b>                                            |  | Color or Race <b>Caucasian</b>                  |              | Birth-place <b>Md.</b>                           |       |                       |                |
| Occupation <b>none</b>                                       |  |                                                 |              | Where Residing if not at place of death <b>—</b> |       |                       |                |
| Married, Single <input checked="" type="checkbox"/> Widowed  |  | Name of Wife or Husband <b>Alfreda Freshour</b> |              |                                                  |       |                       |                |
| Father's Name <b>Frederick Hornerich</b>                     |  | Father's Birthplace <b>Md.</b>                  |              |                                                  |       |                       |                |
| Mother's Maiden Name <b>Mary Sefton</b>                      |  | Mother's Birthplace <b>"</b>                    |              |                                                  |       |                       |                |
| Name of person giving Information <b>Jennie Poffenberger</b> |  | How related to deceased <b>Sister</b>           |              |                                                  |       |                       |                |

CAUSES OF DEATH

**64**

PHYSICIAN  
OR CORONER

|                                                                                 |                            |                                              |               |
|---------------------------------------------------------------------------------|----------------------------|----------------------------------------------|---------------|
| Primary                                                                         | <b>Arteriosclerosis</b>    | How long                                     | <b>?</b>      |
| Immediate                                                                       | <b>Cerebral Hemorrhage</b> | How long                                     | <b>5 days</b> |
| Are the name, age, sex, color, date and place correctly given above? <b>Yes</b> |                            | Signature of Physician <b>W. C. Crawford</b> |               |
|                                                                                 |                            | Address <b>—</b>                             |               |
| Accident or Suicide <b>No</b>                                                   |                            |                                              |               |

Interment Nov 3 - 1909.

" at Havetown Med. Cemetery

Thomas P. Rice Jr. & Co.

Dr Wm C. Johnson

Dr McCurdy

Name  
in  
Full

Roger Foye.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                   |  |                                      |           |                                                 |          |             |           |
|---------------------------------------------------|--|--------------------------------------|-----------|-------------------------------------------------|----------|-------------|-----------|
| Died at                                           |  | Town<br>Fredericks                   |           | County<br>Frederick                             |          | MARYLAND    |           |
| Date of death                                     |  | Month<br>1909                        | Day<br>11 | Year<br>14                                      | Age<br>0 | Months<br>1 | Days<br>0 |
| Sex<br>Male                                       |  | Color or Race<br>Black               |           | Birth-place<br>Fredericks                       |          |             |           |
| Occupation                                        |  |                                      |           | Where Residing if not at place of death<br>Same |          |             |           |
| Married, Single or Widowed<br>Single              |  | Name of Wife or Husband              |           |                                                 |          |             |           |
| Father's Name<br>William Coxe                     |  | Father's Birthplace<br>Fredericks    |           |                                                 |          |             |           |
| Mother's Maiden Name<br>Estella Costley           |  | Mother's Birthplace<br>Barroll Co Md |           |                                                 |          |             |           |
| Name of person giving Information<br>Estella Foye |  | How related to deceased<br>Mother    |           |                                                 |          |             |           |

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

|                                                                             |            |                                                                      |         |
|-----------------------------------------------------------------------------|------------|----------------------------------------------------------------------|---------|
| Primary                                                                     | Marasmus   | How long                                                             | 1 Month |
| Immediate                                                                   | Exhaustion | How long                                                             |         |
| Are the name, age, sex, color, date and place correctly given above?<br>yes |            | Signature of Physician<br>J. J. McCreedy, D.D.<br>None in attendance |         |
| Address                                                                     |            |                                                                      |         |
| Accident or Suicide                                                         |            |                                                                      |         |

Interment Nov 15 - 1909

" at Greenmount Cemetery

Thomas P. Rice F.D.

Wm McCreedy

---

Name  
in  
Full

CERTIFICATE OF DEATH

Joseph W. Gaver

MARYLAND

Died at *Piggs Sanitarium* *Jamsville* *Frederick*

Date of death 1909 11 14 Age 49 Months 4 Days 5

Sex male Color or Race white Birthplace *Myersville Md*

Occupation *Attorney at Law* Where Residing if not at place of death *Frederick Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs Grace Purcell Gaver*

Father's Name *Joseph Gaver* Father's Birthplace *leo*

Mother's Maiden Name *Mary* Mother's Birthplace *leo*

Name of person giving Information *J. B. Smith M. D.* How related to deceased *brother*

CAUSES OF DEATH

64

Primary *Hypertension of the brain produced by stroke* How long

Immediate *Grave delirium and Collapse* How long *2 wks*

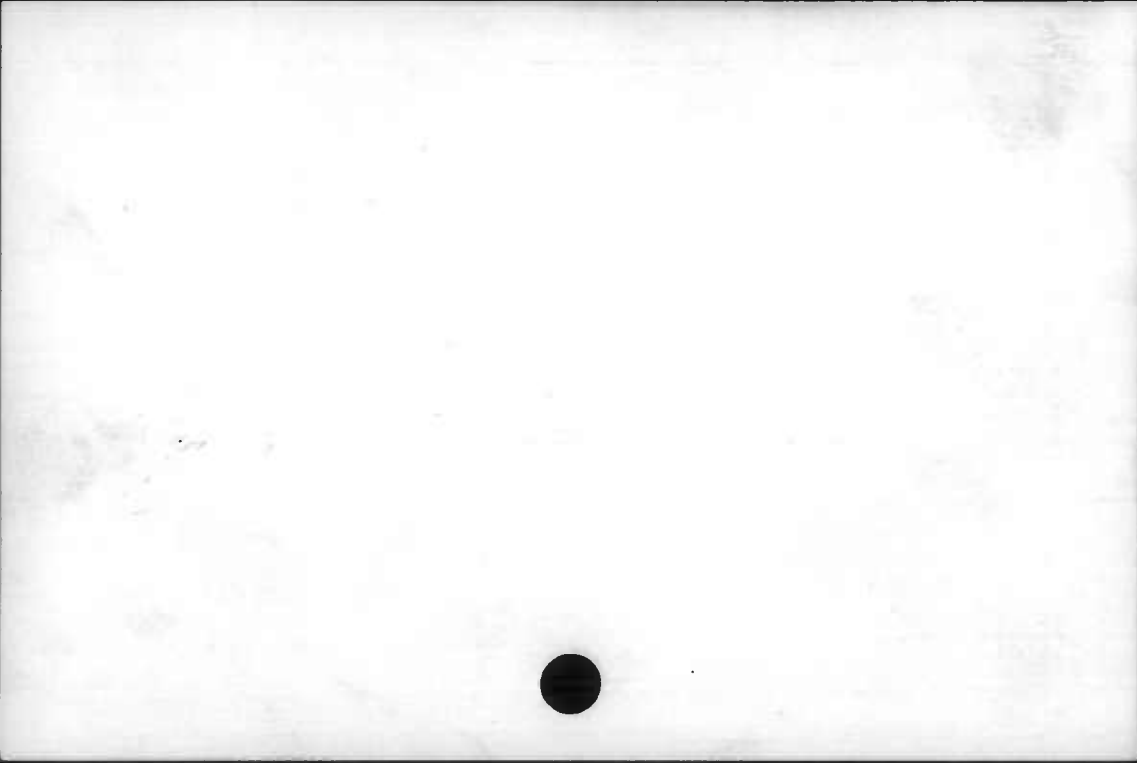
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *George H. Riggs MD*  
Address *Jamsville Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Emmitsburg* *Friedrich* County  
Date of death 1909 *Nov* *10* Age *52* Months *9* Days *3*

Sex

Occupation

Color or  
RaceBirth-  
placeWhere Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

Serina Elizabeth Gittinger

Died at <sup>Town</sup> *Indenick*<sup>County</sup> *Indenick*

MARYLAND

Date

of death

1909

Month

11

Day

22

Age

Years

70

Months

0

Days

22

Sex

*Female*Color or  
Race*White*Birth-  
place*Lancaster Pa*

Occupation

*Wife*Where Residing if not  
at place of death

X

Married, Single

~~or Widowed~~Name of Wife or  
Husband*Edwa A. Gittinger*Father's  
Name*John Ackerman*Father's  
Birthplace*Lancaster Pa*

Mother's

Meiden Name

*Elizabeth Cole*

Mother's

Birthplace

*Lancaster Pa*Name of person giving  
Information*Miss Mollie Gittinger*How related  
to deceased*Daughter's*

## CAUSES OF DEATH

106

Primary

*Diphtheria*

How long

*Unknown*

Immediate

*Heart Failure*

How long

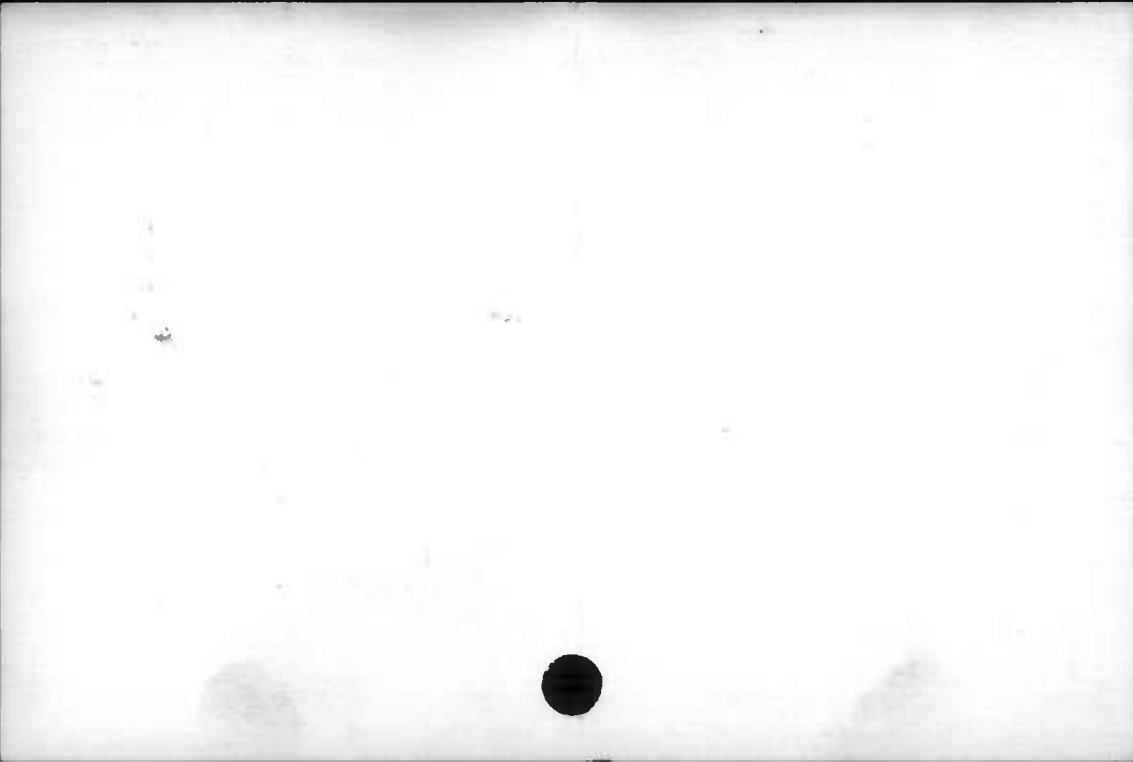
*Instantaneous*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Dr. Mollie Buchanan*

Address

*Indenick*

Accident or Suicide

*Called after death*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

May Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

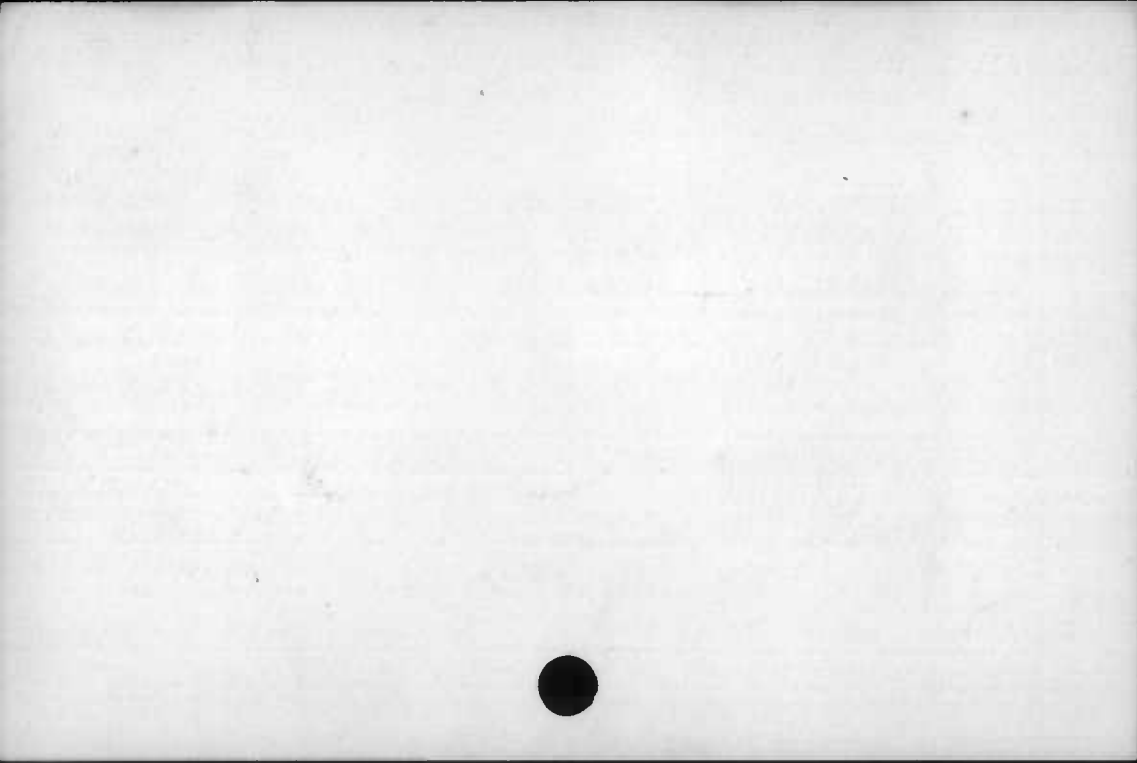
|                                       |           |                            |                                            |                     |           |                            |                  |
|---------------------------------------|-----------|----------------------------|--------------------------------------------|---------------------|-----------|----------------------------|------------------|
| Died at                               |           | Town<br>Libertytown        |                                            | County<br>Frederick |           | MARYLAND                   |                  |
| Date<br>of death                      |           | 1907                       | Month<br>100                               | Day<br>3            | Age<br>71 | Months                     | Days             |
| Sex                                   | Female    |                            | Color or<br>Race                           | White               |           | Birth-<br>place            | Near Libertytown |
| Occupation                            | Housewife |                            | Where Residing if not<br>at place of death |                     |           |                            |                  |
| Married, Single<br>or Widowed         |           | Name of Wife or<br>Husband |                                            |                     |           |                            |                  |
| Father's<br>Name                      |           | Washington Hammond         |                                            |                     |           | Father's<br>Birthplace     | New Market       |
| Mother's<br>Maiden Name               |           | May Shethum                |                                            |                     |           | Mother's<br>Birthplace     | Int Pleasant     |
| Name of person giving<br>In formation |           | E. F. Burns                |                                            |                     |           | How related<br>to deceased | Sister           |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|                                                                         |               |          |                                        |
|-------------------------------------------------------------------------|---------------|----------|----------------------------------------|
| Primary                                                                 | Pneumonia     | How long | 1 week                                 |
| Immediate                                                               | Heart-Failure | How long | 2 days                                 |
| Are the name, age, sex, color, date<br>and place correctly given above? |               | Yes      | Signature of<br>Physician              |
|                                                                         |               |          | Address                                |
|                                                                         |               |          | Jas. B. Sappington<br>Libertytown, Md. |
| Accident or Suicide?                                                    |               |          |                                        |



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Leonard Courtney Warbaugh  
Died at <sup>Town</sup> Sabillasville <sup>County</sup> Frederick

MARYLAND

Date of death 1909 <sup>Month</sup> Nov. <sup>Day</sup> 3 <sup>Years</sup> Age 64 <sup>Months</sup> 8 <sup>Days</sup> 26 <sup>md.</sup>

Sex Male Color or Race White Birth-place Sabillasville

Occupation Farmer Where Residing if not at place of death At place of death

Married, Single or Widowed Married Name of Wife - Elsie Edna Working <sup>md.</sup>

Father's Name Leonard Warbaugh Father's Birthplace Sabillasville

Mother's Maiden Name Mary Ann Miller Mother's Birthplace Leitersburg Md.

Name of person giving Information Katharine Wagaman How related to deceased Sister

## CAUSES OF DEATH

Primary Cerebral Congestion How long 3 days

Immediate Cerebral Hemorrhage &amp; Paralysis How long 2 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

Accident or Suicide

C. L. Wachter,  
Sabillasville,  
Md.



Name  
in  
Full

Oliver Simon Harbaugh

## CERTIFICATE OF DEATH

|                                       |                                                               |                              |                                   |          |                        |
|---------------------------------------|---------------------------------------------------------------|------------------------------|-----------------------------------|----------|------------------------|
| Died at <sup>Town</sup> Sabillasville |                                                               | <sup>County</sup> Frederick  |                                   | MARYLAND |                        |
| Date of death 1909                    |                                                               | Month Nov                    | Day 8                             | Age 74   | Years 0 Months 16 Days |
| Sex Male                              | Color or Race White                                           | Birthplace Sabillasville Md. |                                   |          |                        |
| Occupation Laborer                    | Where Residing if not at place of death at place of residence |                              |                                   |          |                        |
| Married, Single or Widowed Widowed    | Name of Wife or Husband Catharine Ann Harbaugh                |                              |                                   |          |                        |
| Father's Name Solomon Harbaugh        | Father's Birthplace Sabillasville Md.                         |                              | Mother's Birthplace Frederick Md. |          |                        |
| Mother's Maiden Name Savilla Duffer   | Name of person giving Information Chas. B. Harbaugh           |                              | How related to deceased Son       |          |                        |

## CAUSES OF DEATH

33

|                                                                      |                |                                      |         |
|----------------------------------------------------------------------|----------------|--------------------------------------|---------|
| Primary                                                              | Lupus Vulgaris | How long                             | 6 Years |
| Immediate                                                            | Exhaustion     | How long                             | 3 mos.  |
| Are the name, age, sex, color, date and place correctly given above? |                | Signature of Physician E. L. Wachter |         |
|                                                                      |                | Address Sabillasville Md.            |         |
| Accident or Suicide                                                  |                |                                      |         |

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Emmitsburg* <sup>Town</sup> *Frederick* <sup>County</sup>Date of death *1909* <sup>Month</sup> *Nov* <sup>Day</sup> *18* <sup>Years</sup> *10* <sup>Months</sup> *2* <sup>Days</sup> *10*Sex *male* Color or Race *white* Birth-place *md*Occupation *School Boy* Where Residing if not at place of death *Same as above*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John Gardagan* Father's Birthplace *md*Mother's Maiden Name *Helen M. Myers* Mother's Birthplace *"*Name of person giving information *Helen M. Gardagan* How related to deceased *mother*

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONERPrimary *Accident; from wagon falling on body -*

How long

Immediate *on body -*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Accident*



Name  
in  
Full

Emma Jane Hett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

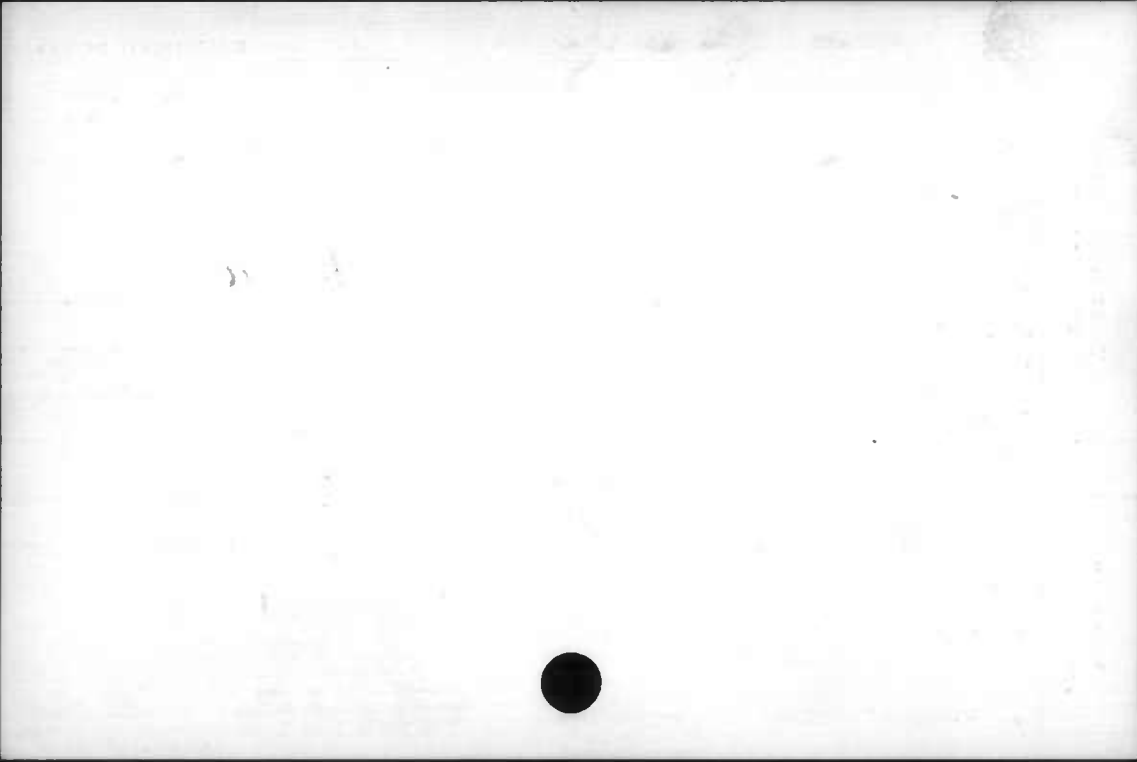
|                                                   |  |                           |              |                                                       |           |             |           |
|---------------------------------------------------|--|---------------------------|--------------|-------------------------------------------------------|-----------|-------------|-----------|
| Died at                                           |  | Town<br>Brammearch        |              | County<br>Frederick                                   |           | MARYLAND    |           |
| Date<br>of death                                  |  | 1909                      | Month<br>Nov | Day<br>29                                             | Age<br>85 | Months<br>0 | Days<br>0 |
| Sex<br>Female                                     |  | Color or<br>Race<br>white |              | Birth-<br>place<br>Va                                 |           |             |           |
| Occupation<br>Housewife                           |  |                           |              | Where Residing if not<br>at place of death            |           |             |           |
| Married, Single<br>or Widowed                     |  | Married                   |              | Name of <del>Wife</del> or<br>Husband<br>John H. Hett |           |             |           |
| Father's<br>Name<br>H. Kidwell                    |  |                           |              | Father's<br>Birthplace<br>Va                          |           |             |           |
| Mother's<br>Maiden Name<br>Ocellia Ann Lunny      |  |                           |              | Mother's<br>Birthplace<br>Va                          |           |             |           |
| Name of person giving<br>Information<br>John Hett |  |                           |              | How related<br>to deceased<br>Sister                  |           |             |           |

## CAUSES OF DEATH

113

PHYSICIAN  
OR CORONER

|                                                                         |             |                                        |        |
|-------------------------------------------------------------------------|-------------|----------------------------------------|--------|
| Primary                                                                 | Gall stones | How long                               | 10 yrs |
| Immediate                                                               |             | How long                               |        |
| Are the name, age, sex, color, date<br>and place correctly given above? |             | Signature of<br>Physician<br>Levinhart |        |
|                                                                         |             | Address<br>Brammearch<br>Frederick Co  |        |
| Accident or Suicide                                                     |             |                                        |        |



Name  
in  
Full

Rhoda Hackett Hyatt, No. 24

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

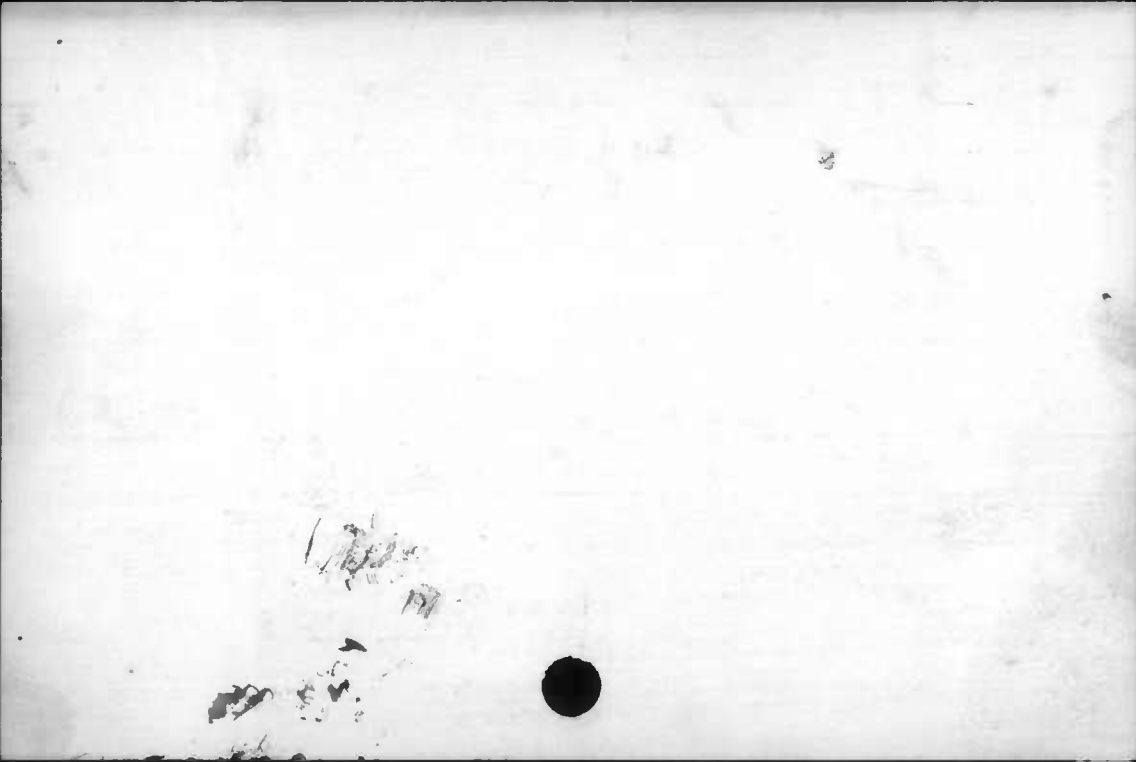
|                                              |             |                                                           |           |                                        |          |          |           |
|----------------------------------------------|-------------|-----------------------------------------------------------|-----------|----------------------------------------|----------|----------|-----------|
| Died at <i>Monrovia</i>                      |             | Town <i>Frederick</i>                                     |           | County                                 |          | MARYLAND |           |
| Date of death                                | <i>1909</i> | Month                                                     | <i>11</i> | Day                                    | <i>5</i> | Years    | <i>84</i> |
| Sex <i>Female</i>                            |             | Color or Race <i>white</i>                                |           | Birth-place <i>Funk Co. Md</i>         |          | Months   | <i>2</i>  |
| Occupation <i>none</i>                       |             | Where Residing if not at place of death                   |           | <i>—</i>                               |          |          |           |
| Married, Single or Widowed <i>widowed</i>    |             | Name of Wife or Husband <i>Henry M. Hyatt</i>             |           |                                        |          |          |           |
| Father's Name <i>Edward Hackett</i>          |             | Father's Birthplace <i>Funk Co. Md</i>                    |           | Mother's Birthplace <i>Funk Co. Md</i> |          |          |           |
| Mother's Maiden Name <i>Mary Brandenburg</i> |             | Name of person giving information <i>J. Bradley Hyatt</i> |           | How related to deceased <i>son</i>     |          |          |           |

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

|                                                                                 |                          |                                                   |                  |
|---------------------------------------------------------------------------------|--------------------------|---------------------------------------------------|------------------|
| Primary                                                                         | <i>Arterio-Sclerosis</i> | How long                                          | <i>For years</i> |
| Immediate                                                                       | <i>Hemiplegia</i>        | How long                                          | <i>12 days</i>   |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                          | Signature of Physician <i>H. H. Hopkins, M.D.</i> |                  |
|                                                                                 |                          | Address <i>West Market, Funk Co. Md</i>           |                  |
| Accident or Suicide? <i>no</i>                                                  |                          |                                                   |                  |



Name  
in  
Full

## CERTIFICATE OF DEATH

Lanzier Jacob

Died at <sup>Town</sup> Frederick<sup>County</sup> Frederick

MARYLAND

Date of death 1909 Month 11 Day 27 Age 69 Months — Days —

Sex Male Color or Race American Birthplace Germany

Occupation Shoemaker Where Residing if not at place of death Emmittsburg Md

Married, Single or Widowed No Name of Wife or Husband Died same year as

Father's Name Don't know Father's Birthplace Don't know

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving Information How related to deceased

## CAUSES OF DEATH

68

Primary Dementia, How long Years

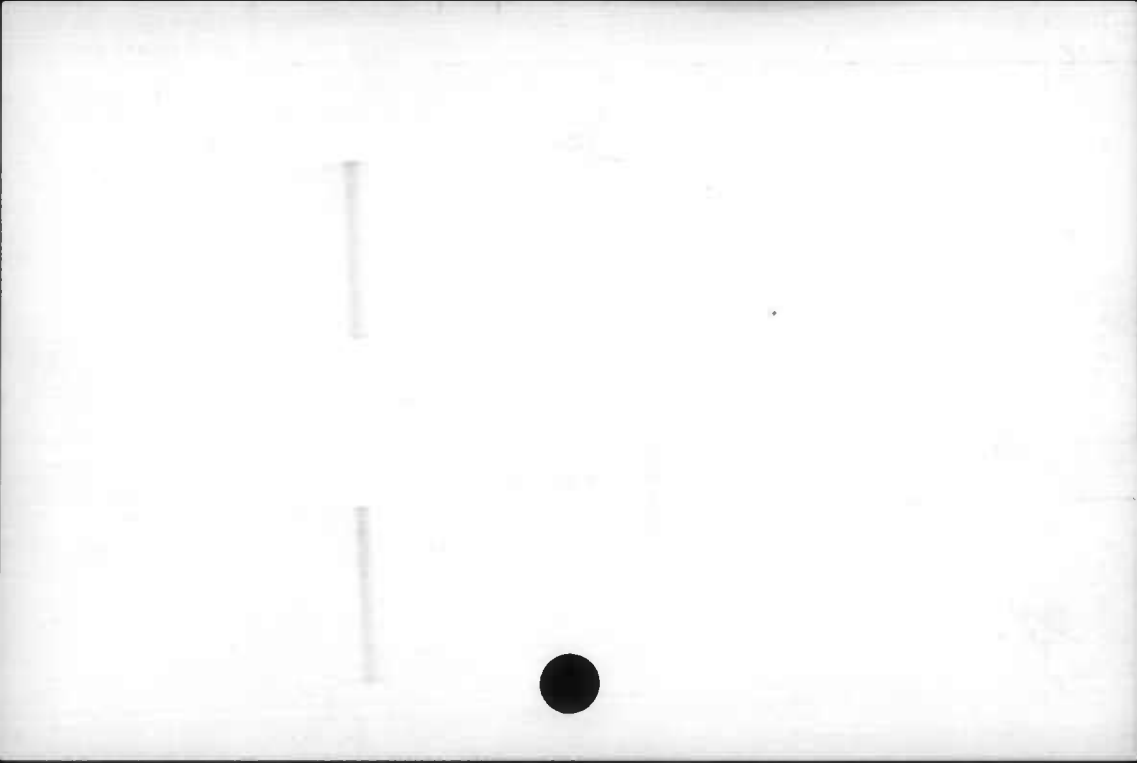
Immediate Asthenia, How long Weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Henry P. Fahrney, MD

Address Frederick, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Peter Jacob J*  
Town *Monte Hope* County *Fredenick Co*  
Died at  
Date of death 1909 11 3 Age 60(?)  
Month Day Years Months Days

MARYLAND

Sex *Male* Color or Race *American* Birth-place  
Occupation *Dont Know* Where Residing if not at place of death *Dont Know*

Married, Single or Widowed *Dont Know* Name of Wife or Husband *Dont Know*

Father's Name *Dont Know*

Father's Birthplace *Dont Know*

Mother's Maiden Name *Dont Know*

Mother's Birthplace *Dont Know*

Name of person giving Information *Hospital Authority*

How related to deceased *to*

CAUSES OF DEATH

40

Primary *Gastric Carcinoma*

How long *Dont Know*

Immediate *Asthma*

How long *Dont Know*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Henry P. H. H. H.*  
Address *Fredenick Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Metta Ermina Jones* Town *Frederick* County *Frederick*

MARYLAND

Died at *Frederick* Date of death *1909* Month *Oct* Day *21* Age *3* Years Months *7* Days *7*

Sex *Female* Color or Race *White* Birth-place *Md.* Occupation \_\_\_\_\_

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *William L. Jones*

Father's Birthplace *Md.*

Mother's Maiden Name *Blanche E. Johnston*

Mother's Birthplace *Md.*

Name of person giving Information *Will Jones*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Laryngeal Diphtheria*

How long *5 days*

Immediate *Heart failure*

How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. S. Davis*

Address *Unionville*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

John Kanout

Town

Locksville

County

Fredenick Co

MARYLAND

Died at

Date

of death 1909 Nov.

Month

Day

17

Years

Age 76

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Va

Occupation

Farmer.

Where Reiding if not  
at place of death

Martha R Knuff

Married, Single  
or Widowed

Married

Nama of Wife or  
Husband

Fethar's  
Name

George Knuff

Father's  
Birthplace

don't know

Mother's  
Maidan Name

Mary Lepler

Mother's  
Birthplace

" "

Name of person giving  
Information

Minnie R Knuff

How related  
to deceased

daughter

CAUSES OF DEATH

Primary

Valvular Heart Disease.

How long

79 Years.

Immediate

"

"

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

R. B. Stume

Address

Adams town Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Abel Reckering*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Fredrick* Town *Fredrick* County **MARYLAND**

Date of death 190 *9* Month *Nov* Day *27th* Age *21* Years *2* Month *3* Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Robert Reckering*

Father's Name *Leam Crum* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Taylor* Mother's Birthplace *Ind*

Name of person giving Information How related to deceased

CAUSES OF DEATH

**27**

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *6 mos.*

Immediate *Cardiac Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. A. Hedger*

Address *Fredrick*

Accident or Suicide





Name  
in Full

## CERTIFICATE OF DEATH

Mary Margaret King  
Town Frederick County Frederick

MARYLAND

Died at  
Date of death 1909 Month 11 Day 28 Age 68 Months 0 Days 3

Sex Female Color or Race White Birth-place Maryland

Occupation House Wife Where Residing if not at place of death Same

Merriad, Single or Widowed Widowed Name of Wife or Husband Christian King

Father's Name — Fross Father's Birthplace Germany

Mother's Maiden Name Margaret Bernius Mother's Birthplace "

Name of person giving Information Samuel King How related to deceased Son

## CAUSES OF DEATH

Primary Leukemia How long 4, mo

Immediate Cardiac Paralysis How long Indefinite

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide

Interment Nov 30 - 1909

" at Mt Olivet Cemetery

Thomas P. Rice F.D.,

Dr Hedges

Dr McCurdy

Name  
in  
Full

Catherine M Kline

CERTIFICATE OF DEATH

Town

Brunswick

County

Frederick

MARYLAND

Died at

Date

of death 1909

Month

11

Day

9

Age

Years

70

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Med

Occupation

Domestic

Where Residing if not  
at place of death

Frederick Md

Married, Single  
or Widowed

Name of wife or  
Husband

Peter Kline

Father's  
Name

D. K.

Father's  
Birthplace

D. K.

Mother's  
Maiden Name

D. K.

Mother's  
Birthplace

D. K.

Name of person giving  
Information

Emma Anderson

How related  
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Gonorrhea

How long

7 days

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

M. A. Long

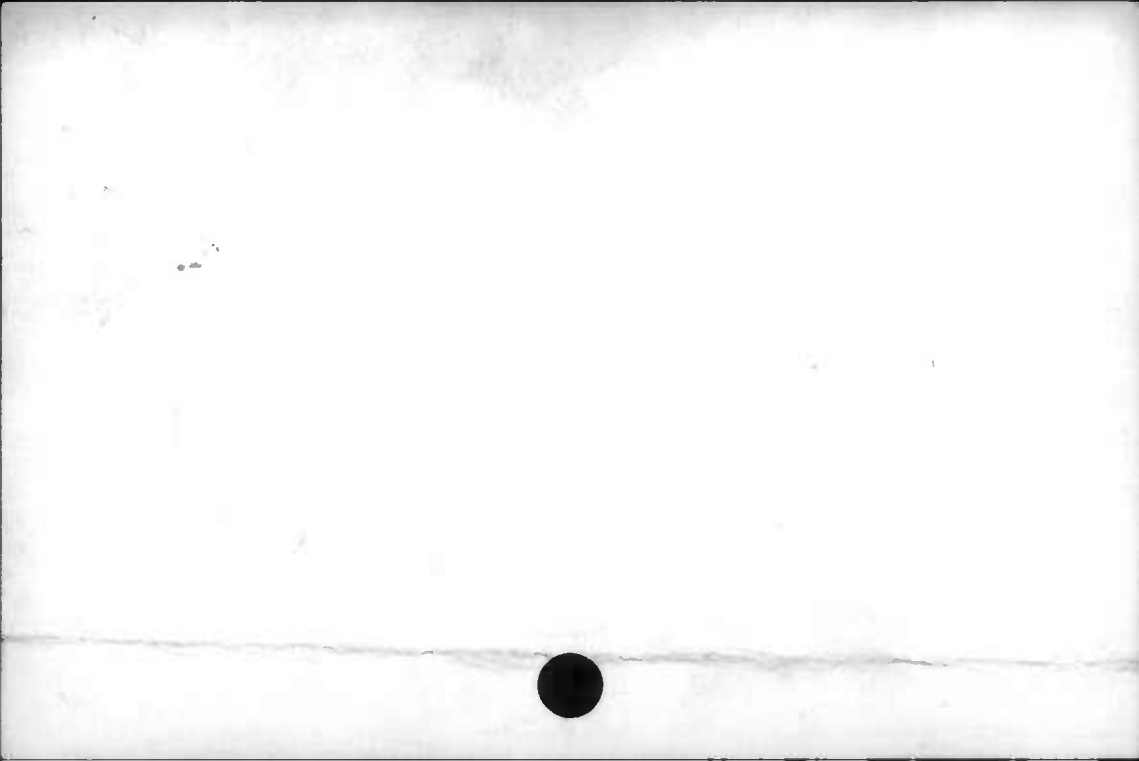
Address

Frederick Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

McBride *Wm*

CERTIFICATE OF DEATH

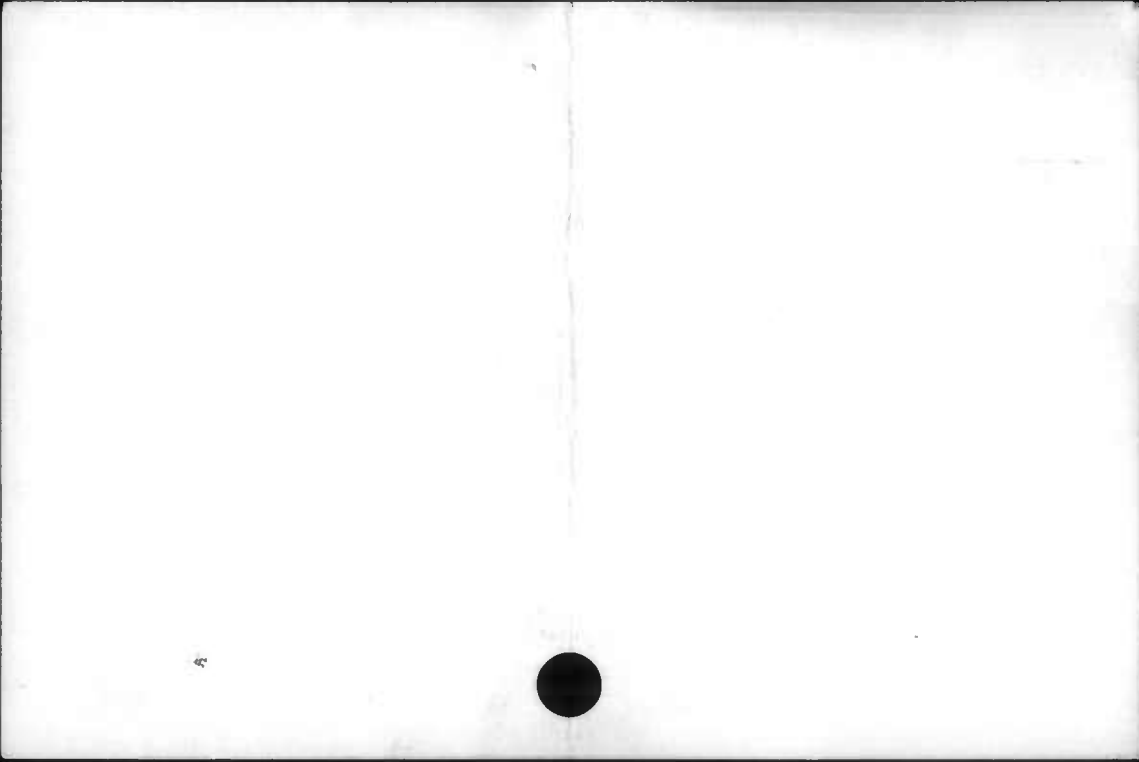
TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Frederick Md* Town *Frederick* County *MARYLAND*  
Date of death 1909 11 5 Age 65  
Sex *Male* Color or Race *American* Birth-place *Frederick Co*  
Occupation *Laborer* Where Residing if not at place of death *Frederick Md*  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Wm McBride* Father's Birthplace *Md*  
Mother's Maiden Name *Elizabeth Ibert* Mother's Birthplace *Md*  
Name of person giving Information *Daniel McBride* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Enteric Fever* How long *(?)*  
Immediate *Cardiac Asthenia* How long *5 days*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. P. Taberney* Address *Frederick Md*  
Accident or Suicide



Name  
in  
Full

Libbie K. Mc'Pherson

## CERTIFICATE OF DEATH

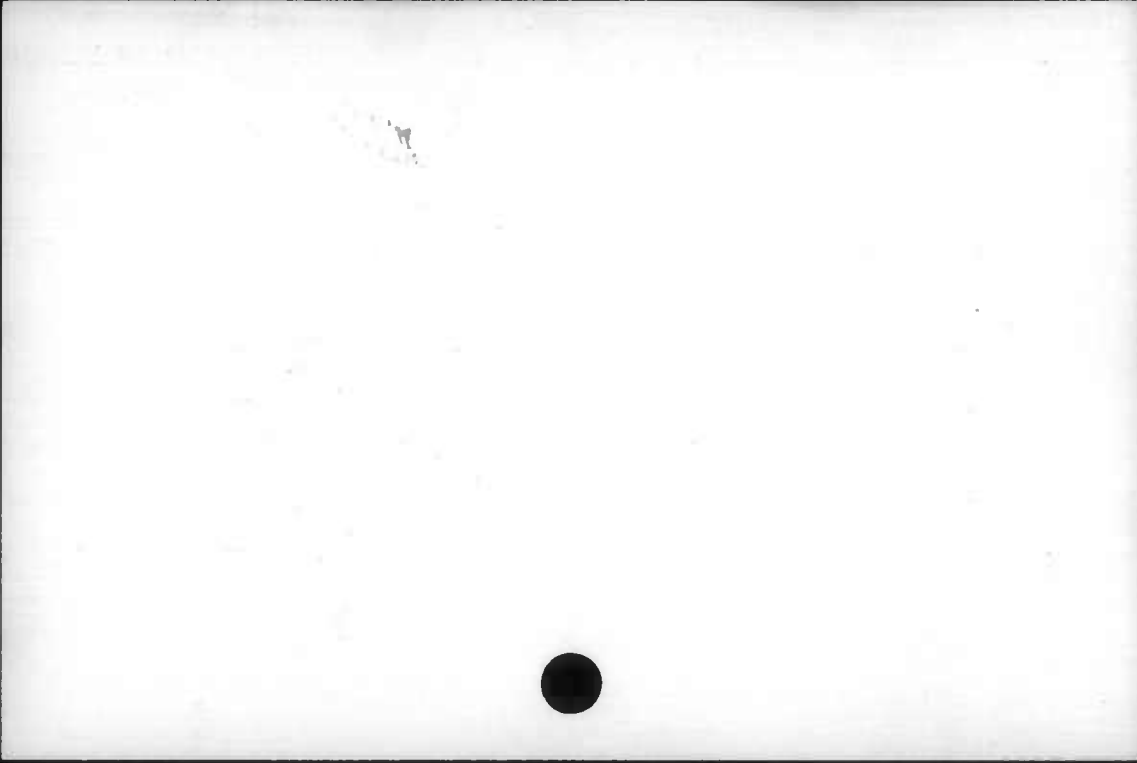
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                       |  |                                                              |  |                                  |  |
|-------------------------------------------------------|--|--------------------------------------------------------------|--|----------------------------------|--|
| Died at <sup>Town</sup> <i>Frederick</i>              |  | <sup>County</sup> <i>Frederick</i>                           |  | MARYLAND                         |  |
| Date of death <i>1909</i>                             |  | Month <i>Nov.</i>                                            |  | Day <i>27th</i>                  |  |
| Age <i>46</i>                                         |  | Years <i>8</i>                                               |  | Months <i>1</i>                  |  |
| Sex <i>Female</i>                                     |  | Color or Race <i>white</i>                                   |  | Birth-place <i>Frederick Co.</i> |  |
| Occupation <i>House Keeper</i>                        |  | Where Residing if not at place of death <i>City Hospital</i> |  |                                  |  |
| Married, Single or Widowed <i>Single</i>              |  | Name of Wife or Husband                                      |  |                                  |  |
| Father's Name <i>Wm McPherson</i>                     |  | Father's Birthplace <i>Frederick Co.</i>                     |  |                                  |  |
| Mother's Maiden Name <i>Harriet Anderson</i>          |  | Mother's Birthplace <i>" "</i>                               |  |                                  |  |
| Name of person giving Information <i>Wm McPherson</i> |  | How related to deceased <i>Father</i>                        |  |                                  |  |

## CAUSES OF DEATH

|                                                                      |                                           |
|----------------------------------------------------------------------|-------------------------------------------|
| Primary <i>Carcinoma of bowel</i>                                    | How long <i>1 year</i>                    |
| Immediate <i>Emaciation</i>                                          | How long <i>2 weeks</i>                   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>T B Johnson</i> |
|                                                                      | Address <i>Frederick, Md.</i>             |
| Accident or Suicide                                                  |                                           |

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

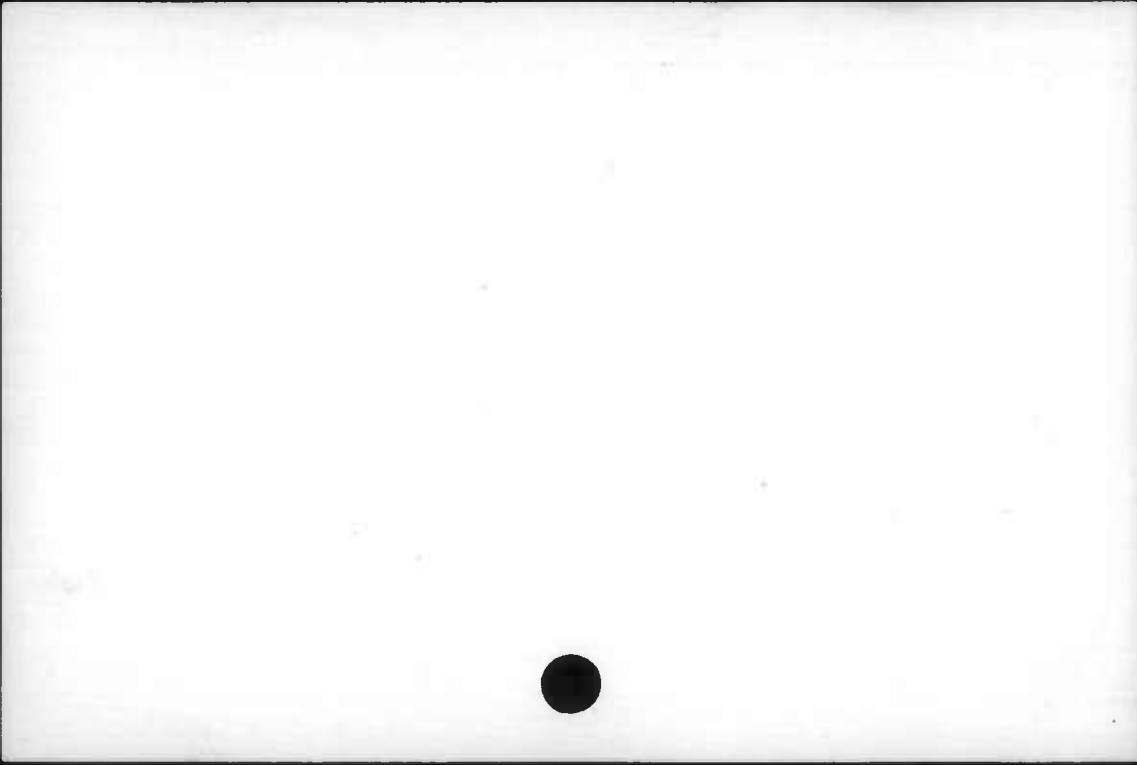
|                                                                              |                                         |                            |               |
|------------------------------------------------------------------------------|-----------------------------------------|----------------------------|---------------|
| Died at <i>Emmitsburg</i> <sup>Town</sup> <i>Frederick</i> <sup>County</sup> |                                         | MARYLAND                   |               |
| Date of death <i>1909 Nov - 14th</i>                                         | Age <i>81</i>                           | Month <i>7</i>             | Day <i>26</i> |
| Sex <i>Female</i>                                                            | Color or Race <i>White</i>              | Birth-place <i>Ireland</i> |               |
| Occupation <i>Religious Sister Charity</i>                                   | Where Residing if not at place of death |                            |               |
| Married, Single or Widowed <i>Single</i>                                     | Name of Wife or Husband                 |                            |               |
| Father's Name <i>John McSweeney</i>                                          | Father's Birthplace <i>Ireland</i>      |                            |               |
| Mother's Maiden Name <i>Ann Griffin</i>                                      | Mother's Birthplace <i>Ireland</i>      |                            |               |
| Name of person giving information <i>Dr. Bernadine Orendorf</i>              | How related to deceased <i>none</i>     |                            |               |

## CAUSES OF DEATH

(64) ✓

PHYSICIAN  
OR CORONER

|                                                                      |                                             |
|----------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Paralysis left side</i>                                   | How long <i>one week</i>                    |
| Immediate <i>Apoplexy of the Brain</i>                               | How long <i>two days</i>                    |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>John B. Brown</i> |
|                                                                      | Address <i>Emmitsburg</i>                   |
| Accident or Suicide                                                  |                                             |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John F. Mackley* Town *Fredericks* County *Fredericks* MARYLAND

Died at *Fredericks* Date of death *1909* Month *11* Day *27* Age *—* Months *—* Days *1*

Sex *Male* Color or Race *White* Birth-place *Fredericks*

Occupation *—* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Theodore Mackley* Father's Birthplace *Med*

Mother's Maiden Name *Effie F. Renner* Mother's Birthplace *"*

Name of person giving Information *Theodore Mackley* How related to deceased *Father*

CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

Primary *Atelectasis* How long *2 1/2 hours*

Immediate *asphyxia* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *T. H. Hedger* Address *Fredericks*

Accident or Suicide *—*

Interment Nov 29 -1909

" at Middleburg Md  
Cemetery

Thomas T. Rice, F.D.

Dr Hedges

Dr McCurdy

Name  
in  
Full

Martha Forest Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                   |                                    |                                                           |                   |                                        |
|---------------------------------------|-------------------|------------------------------------|-----------------------------------------------------------|-------------------|----------------------------------------|
| Died at <sup>Town</sup> Sabillasville |                   | <sup>County</sup> Frederick        |                                                           | MARYLAND          |                                        |
| Date of death 1909                    |                   | <sup>Month</sup> Nov.              | <sup>Day</sup> 7                                          | <sup>Age</sup> 72 | <sup>Months</sup> 4 <sup>Days</sup> 14 |
| Sex                                   | Female            | Color or Race                      | White                                                     | Birth-place       | Sabillasville Md.                      |
| Occupation                            | Housewife         |                                    | Where Residing if not at place of death At place of death |                   |                                        |
| Married, Single or Widowed            | Married           | Name of <del>Wife</del> or Husband | Washington Miller                                         |                   |                                        |
| Father's Name                         | Nelson Keadle     |                                    | Father's Birthplace                                       | Boonsboro Md.     |                                        |
| Mother's Maiden Name                  | Polly Sanner      |                                    | Mother's Birthplace                                       | Middletown        |                                        |
| Name of person giving Information     | Washington Miller |                                    | How related to deceased                                   | Husband           |                                        |

## CAUSES OF DEATH

|                                                                      |                                  |                        |                   |
|----------------------------------------------------------------------|----------------------------------|------------------------|-------------------|
| Primary                                                              | Pulmonary Tuberculosis (Chronic) | How long               | Several years     |
| Immediate                                                            | Pneumonia                        | How long               | 5 days            |
| Are the name, age, sex, color, date and place correctly given above? |                                  | Signature of Physician | C. L. Wachter     |
| Yes -                                                                |                                  | Address                | Sabillasville Md. |
| Accident or Suicide                                                  |                                  |                        |                   |

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs. Mary A. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> State Sanatorium <sup>County</sup> Frederick MARYLAND

Date of death 190 <sup>Month</sup> 9 <sup>Day</sup> Nov <sup>Years</sup> 13 Age <sup>Months</sup> 5 mo <sup>Days</sup> 10

Sex <sup>F</sup> Color or Race <sup>W.</sup> Birth-place <sup>Cecil Co Md.</sup>

Occupation <sup>Housewife</sup> Where Residing if not at place of death <sup>at State Sanatorium</sup>

Married, Single or Widowed <sup>Widow</sup> Name of Wife or Husband <sup>Ja. Moore</sup>

Father's Name <sup>John Powers</sup> Father's Birthplace <sup>Ireland</sup>

Mother's Maiden Name <sup>Bridget Walsh</sup> Mother's Birthplace <sup>Ireland</sup>

Name of person giving Information <sup>Norman Mungus</sup> How related to deceased <sup>None</sup>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

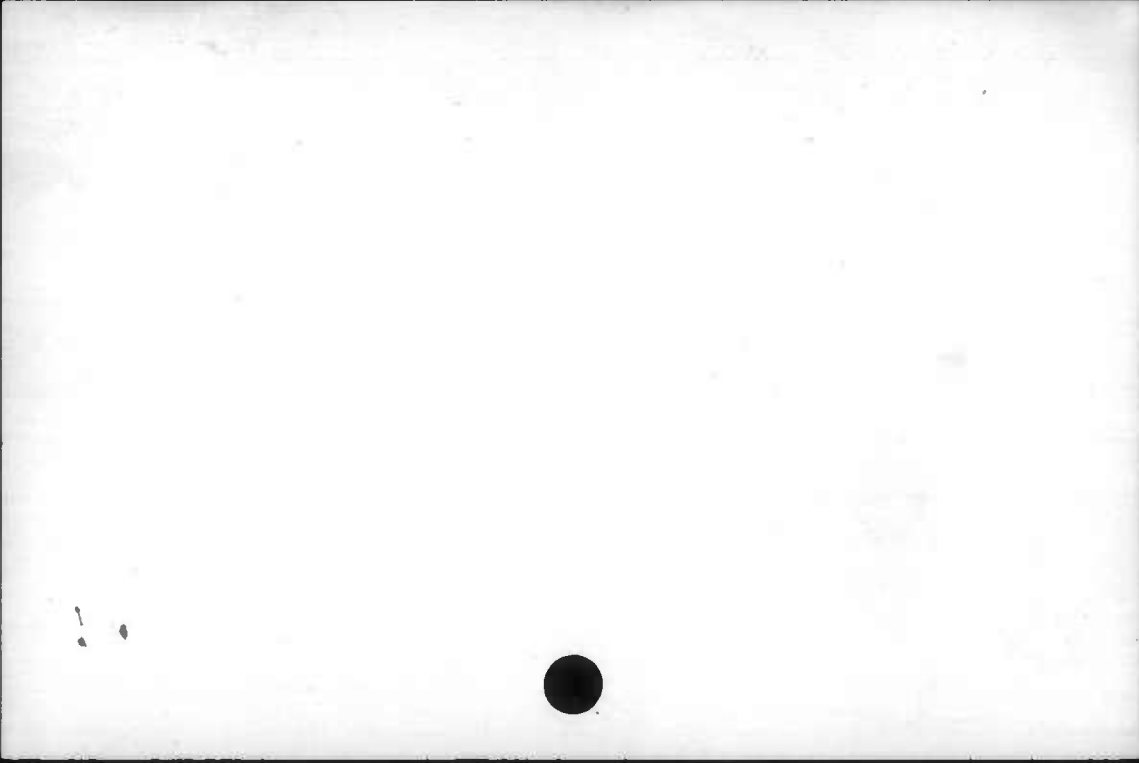
Primary <sup>Pulmonary Tuberculosis</sup> How long <sup>8 mo.</sup>

Immediate <sup>Tubercular Meningitis</sup> How long <sup>7 days</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>Yes</sup> Signature of Physician <sup>Victor D. Cullen</sup>

Address <sup>State Sanatorium</sup>  
<sup>Fredk Co. Md.</sup>

Accident or Suicide <sup>—</sup>





Name  
in Full

Reed Maggie

## CERTIFICATE OF DEATH

Died at *Frederick* Town *Frederick* County *MARYLAND*

Date of death 1909 11 14 Age 24 Months Days

Sex *Female* Color or Race *White* Birth-place *O. G. Co.*Occupation *Domestic* Where Residing if not at place of death *Monteone Hosp*Married, Single or Widowed *Single* Name of Wife or Husband *Dont know*Father's Name *Dont know* Father's Birthplace *Dont know*Mother's Maiden Name *Dont know* Mother's Birthplace *Dont know*Name of person giving information *Nettie Reed* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Epilepsy (Major)* How long *69* YearsImmediate *Asthma & Exhaustion* How long *2 years*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. P. Fahmy M.D.*Address *Frederick Md*

Accident or Suicide

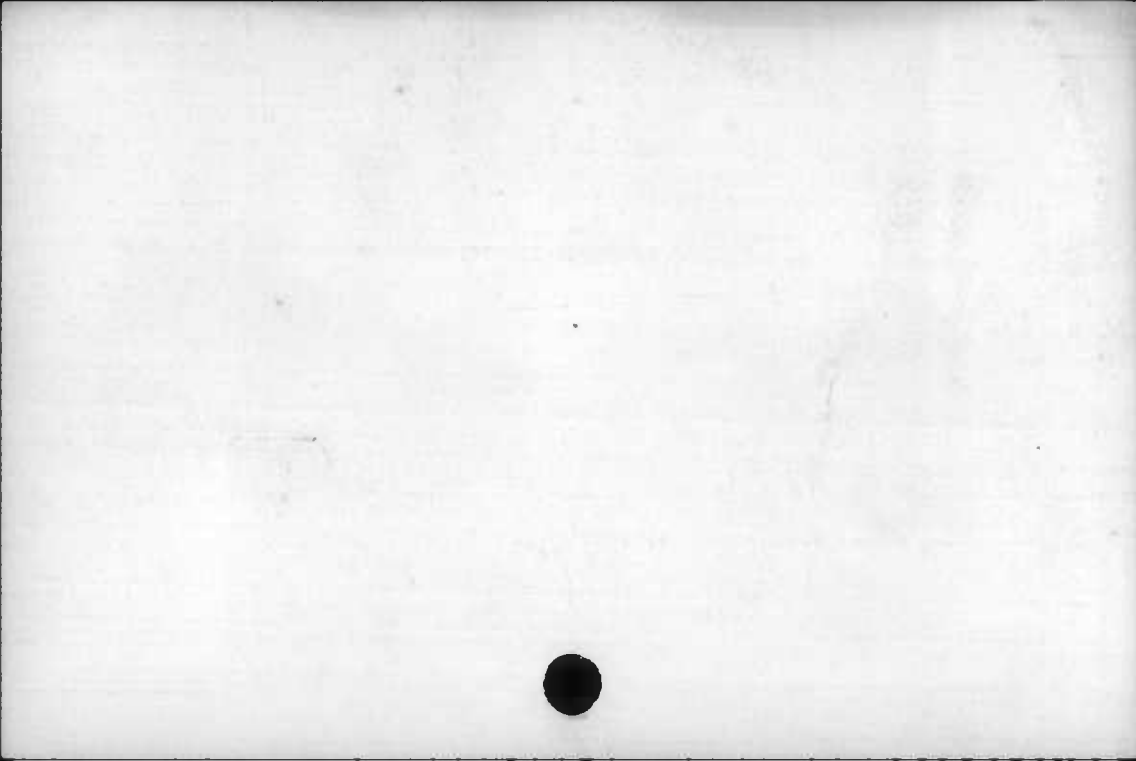
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Lablary-

Ship to Laurel Md today 11/14 09

over

| Name in Full                                                                                      |                                                                      | Mrs Ella Amanda Rosensteel |      |                                         |                                    | CERTIFICATE OF DEATH |                  |                 |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------|------|-----------------------------------------|------------------------------------|----------------------|------------------|-----------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                                                               | Died at                                                              | Emmitsburg                 |      | Enderick                                |                                    | MARYLAND             |                  |                 |
|                                                                                                   | Date of death                                                        | 1909                       | Nov. | 29                                      | Age                                | 53                   | Months 6 Days 22 |                 |
|                                                                                                   | Sex                                                                  | Female                     |      | Color or Race                           | white                              |                      | Birth-place      | Emmitsburg, Md. |
|                                                                                                   | Occupation                                                           | Housewife                  |      | Where Residing if not at place of death |                                    |                      |                  |                 |
|                                                                                                   | Married, Single or Widowed                                           | Married                    |      | Name of Wife or Husband                 |                                    |                      |                  | Rosensteel      |
|                                                                                                   | Father's Name                                                        | Detastine Florence         |      |                                         |                                    | Father's Birthplace  | Emmitsburg, Md.  |                 |
|                                                                                                   | Mother's Maiden Name                                                 | Ella Amanda Rosensteel     |      |                                         |                                    | Mother's Birthplace  | " "              |                 |
| Name of person giving information                                                                 | Chas. Rosensteel                                                     |                            |      |                                         | How related to deceased            | Sons.                |                  |                 |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(43)</div> |                                                                      |                            |      |                                         |                                    |                      |                  |                 |
| PHYSICIAN OR CORONER                                                                              | Primary                                                              | Carcinoma of the Breast.   |      |                                         |                                    | How long             | Five Years       |                 |
|                                                                                                   | Immediate                                                            | Metastasis of the Liver.   |      |                                         |                                    | How long             | Four Months      |                 |
|                                                                                                   | Are the name, age, sex, color, date and place correctly given above? |                            |      |                                         | Signature of Physician             |                      |                  |                 |
|                                                                                                   |                                                                      |                            |      |                                         | Address                            |                      |                  |                 |
|                                                                                                   |                                                                      |                            |      |                                         | Dr. H. S. Stone<br>Emmitsburg, Md. |                      |                  |                 |
| Accident or Suicide?                                                                              |                                                                      |                            |      |                                         |                                    |                      |                  |                 |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lovina V. Rumrort*

Died at *near Sams Creek*

Town

County

*Fredrick*

MARYLAND

Date of death *1909*

Month

*11*

Day

*21*

Age

Years

*57*

Months

*5*

Days

*16*

Sex

*Female*

Color or Race

*White*

Birth-place

*Maryland*

Occupation

*Domestic*

Where Residing if not at place of death

*near Sams Creek*

Married, Single or Widowed

*Married*

Name of Wife or Husband

*Wm. Augustus Rumrort*

Father's Name

*Equilla Pickett (deceased)*

Father's Birthplace

*Carroll Co. Md.*

Mother's Maiden Name

*Elizabeth S. Williams ("")*

Mother's Birthplace

*Carroll Co. Md.*

Name of person giving information

*Wm. Augustus Rumrort*

How related to deceased

*Husband*

CAUSES OF DEATH

*43*

PHYSICIAN  
OR CORONER

Primary

*Cancer of Breast*

How long

*three months*

Immediate

*"*

*"*

*"*

*"*

*"*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*W. Whitehead, D. O.*

Address

*Unionville Md*

Accident or Suicide?

Eckstein

Name  
in Full

Esther Schildtknecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Middletown

Fredericks

MARYLAND

Date

of death

1909 Nov

Day

17

Age

Years

78

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widowed

Name of Wife or  
Husband

Henry A. Schildtknecht

Father's  
Name

Philip Flook

Father's  
Birthplace

Md

Mother's  
Maiden Name

Magdalene Shoemaker

Mother's  
Birthplace

Md

Name of person giving  
Information

Joshua Flook

How related  
to deceased

Brother

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary

Bronch. Pneumonia.

How long

7 Days

Immediate

Heart-failure

How long

Immed.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

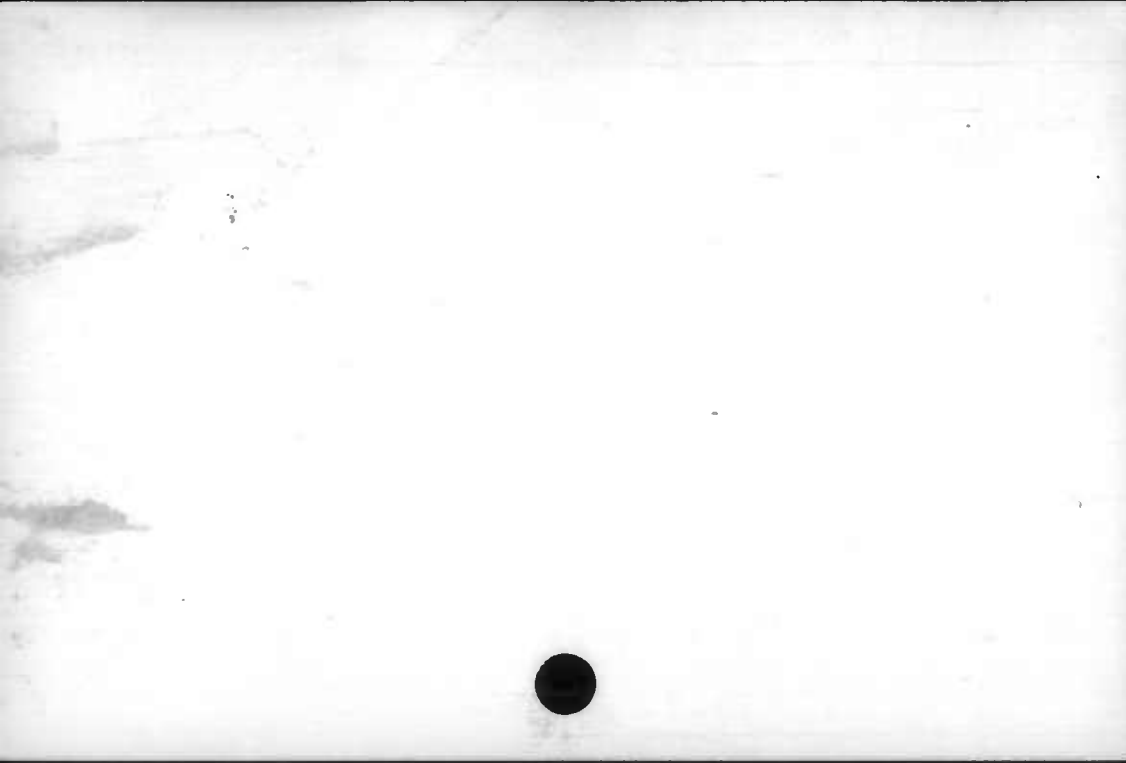
Signature of  
Physician

S. S. Davis.

Address

Bronsboro  
Md

Accident or Suicide





Name  
in  
Full

Infant daughter of B. J. B. Schroyer

CERTIFICATE OF DEATH

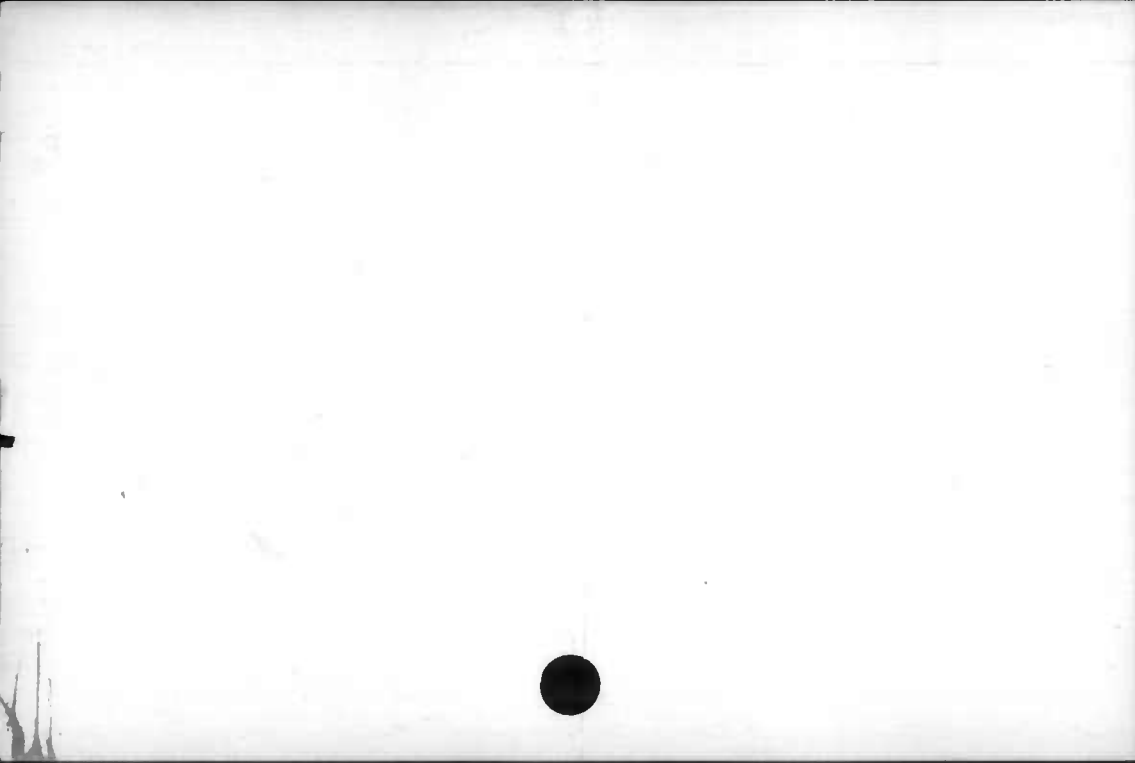
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |                    |     |                                         |     |               |  |
|-----------------------------------|--|--------------------|-----|-----------------------------------------|-----|---------------|--|
| Died at                           |  | Schleysville       |     | Frederick                               |     | MARYLAND      |  |
| Date of death                     |  | 1909               | Nov | 3                                       | Age | —             |  |
| Sex                               |  | Female             |     | Color or Race                           |     | White         |  |
| Occupation                        |  | —                  |     | Where Residing if not at place of death |     | Schleysville  |  |
| Married, Single or Widowed        |  | —                  |     | Name of Wife or Husband                 |     | —             |  |
| Father's Name                     |  | Roy J. B. Schroyer |     | Father's Birthplace                     |     | Frank Co      |  |
| Mother's Maiden Name              |  | Mellie Katz        |     | Mother's Birthplace                     |     | Washington Co |  |
| Name of person giving Information |  | Geo B. Schroyer    |     | How related to deceased                 |     | Grandfather   |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |            |                        |   |
|----------------------------------------------------------------------|------------|------------------------|---|
| Primary                                                              | Stillbirth | How long               | ✓ |
| Immediate                                                            |            | How long               |   |
| Are the name, age, sex, color, date and place correctly given above? |            | Signature of Physician |   |
|                                                                      |            | W. A. Long             |   |
|                                                                      |            | Address                |   |
|                                                                      |            |                        |   |
| Accident or Suicide                                                  |            |                        |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                              |                                                  |                             |               |                 |               |
|--------------------------------------------------------------|--------------------------------------------------|-----------------------------|---------------|-----------------|---------------|
| Died at <i>Middleton</i>                                     |                                                  | County <i>Frederick</i>     |               | MARYLAND        |               |
| Date of death <i>1909</i>                                    | Month <i>Nov</i>                                 | Day <i>11</i>               | Age <i>78</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i>                                              | Color or Race <i>white</i>                       | Birth-place <i>Maryland</i> |               |                 |               |
| Occupation <i>Retired Farmer</i>                             | Where Residing if not at place of death <i>—</i> |                             |               |                 |               |
| Married, <del>Single</del> <i>Married</i>                    | Name of Wife or Husband <i>Esther Flook</i>      |                             |               |                 |               |
| Father's Name <i>Jacob Shildknicht</i>                       | Father's Birthplace <i>Md</i>                    |                             |               |                 |               |
| Mother's Maiden Name <i>Maria Routhahn</i>                   | Mother's Birthplace <i>Md</i>                    |                             |               |                 |               |
| Name of person giving In formation <i>Louise Shildknicht</i> | How related to deceased <i>Daughter</i>          |                             |               |                 |               |

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

|                                                                                 |                                          |
|---------------------------------------------------------------------------------|------------------------------------------|
| Primary <i>Paralysis</i>                                                        | How long <i>5 days</i>                   |
| Immediate <i>Terminal involvement</i>                                           | How long <i>12 hours</i>                 |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. Beckley</i> |
|                                                                                 | Address <i>Middleton</i>                 |
| Accident or Suicide?                                                            | <i>Md</i>                                |



Name  
in  
Full

Robert-Hugh Shook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

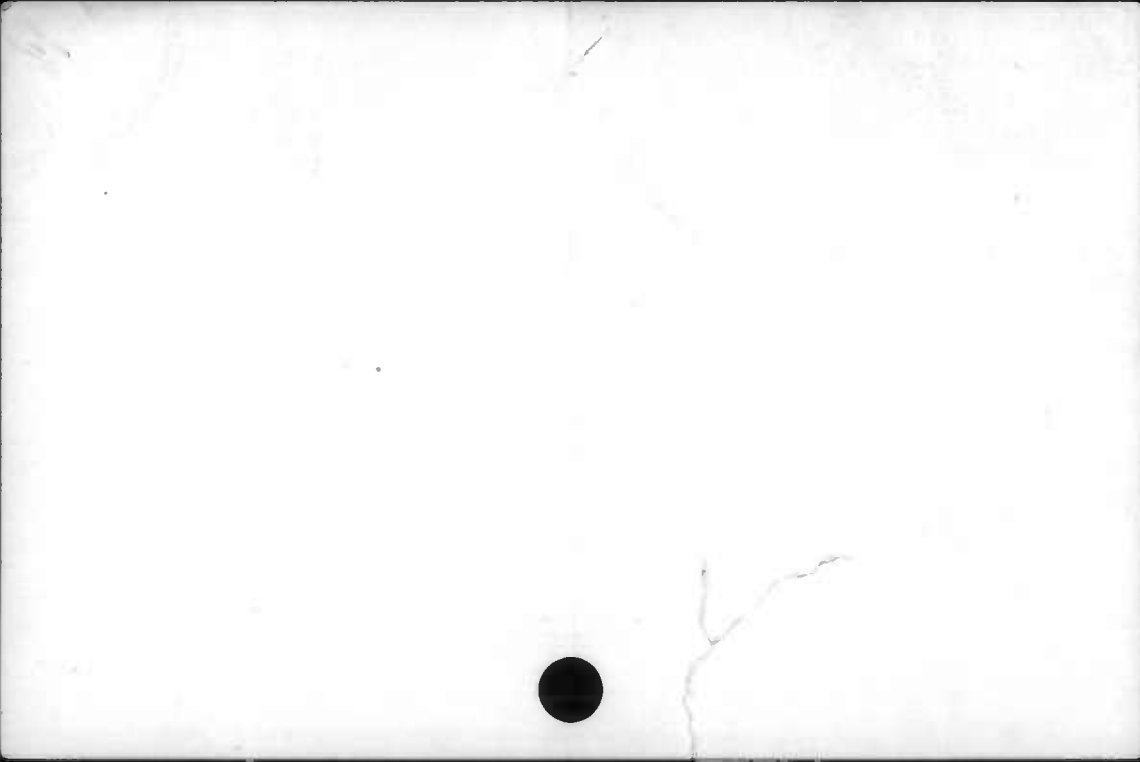
|                                                    |                                                     |                        |                                  |                         |       |                 |                |
|----------------------------------------------------|-----------------------------------------------------|------------------------|----------------------------------|-------------------------|-------|-----------------|----------------|
| Died at <u>Levinstown</u>                          |                                                     | Town <u>Levinstown</u> |                                  | County <u>Fredricks</u> |       | MARYLAND        |                |
| Date of death                                      | 190 <u>9</u>                                        | Month <u>Nov.</u>      | Day <u>4</u>                     | Age <u>01</u>           | Years | Month <u>10</u> | Days <u>27</u> |
| Sex <u>male</u>                                    | Color or Race <u>white</u>                          |                        | Birth-place <u>Levinstown Md</u> |                         |       |                 |                |
| Occupation <u>child</u>                            | Where Residing if not at place of death <u>Danm</u> |                        |                                  |                         |       |                 |                |
| Married, Single or Widowed <u>Single</u>           | Name of Wife or Husband <u>None</u>                 |                        |                                  |                         |       |                 |                |
| Father's Name <u>Daniel J. Shook</u>               | Father's Birthplace <u>Woodstock Md</u>             |                        |                                  |                         |       |                 |                |
| Mother's Maiden Name <u>Anna Harris</u>            | Mother's Birthplace <u>Levinstown Md</u>            |                        |                                  |                         |       |                 |                |
| Name of person giving Information <u>D J Shook</u> | How related to deceased <u>father</u>               |                        |                                  |                         |       |                 |                |

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

|                                                                                 |                                               |
|---------------------------------------------------------------------------------|-----------------------------------------------|
| Primary <u>Marasmus Acute Brouchitis</u>                                        | How long <u>1 week</u>                        |
| Immediate <u>Acute Brouchitis</u>                                               | How long <u>1 week</u>                        |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Morris E. Barry</u> |
|                                                                                 | Address <u>Thurmont Md.</u>                   |
| Accident or Suicide                                                             |                                               |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

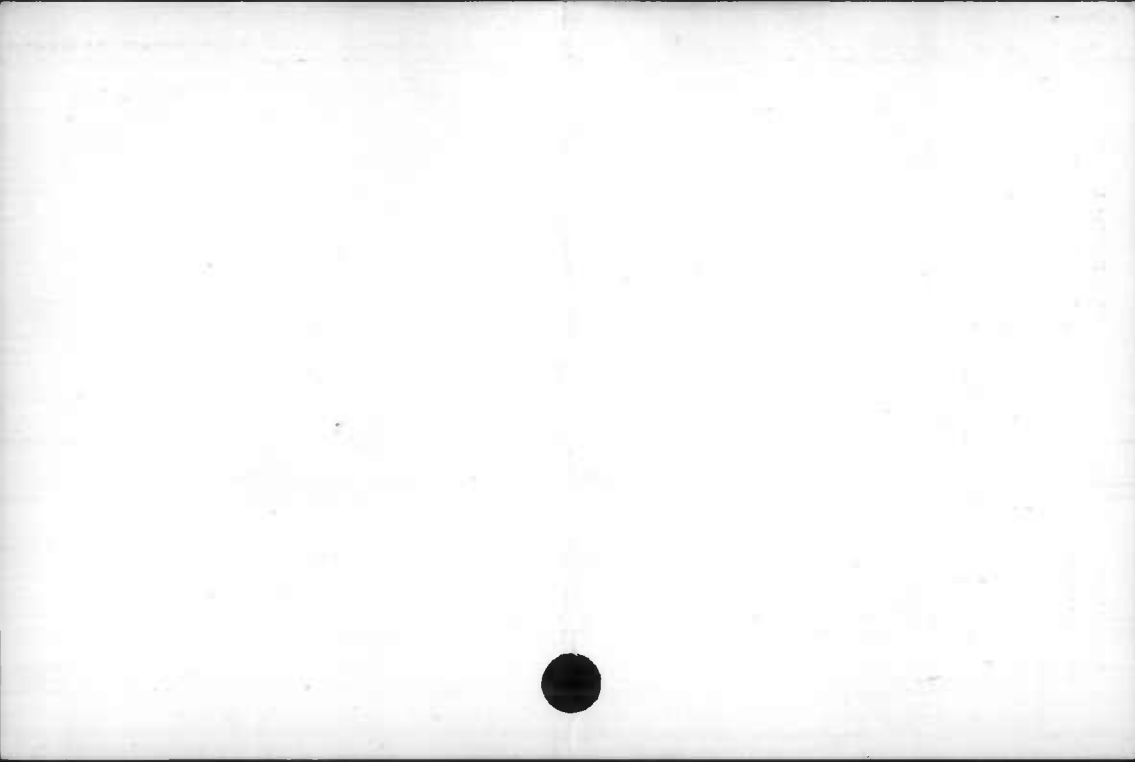
|                                      |                            |                                           |                  |                                                     |                            |                 |                     |
|--------------------------------------|----------------------------|-------------------------------------------|------------------|-----------------------------------------------------|----------------------------|-----------------|---------------------|
| Died at                              |                            | Town<br><i>Frederick City - Frederick</i> |                  | County<br><i>Frederick</i>                          |                            | MARYLAND        |                     |
| Date<br>of death                     | 1909                       | Month<br>11                               | Day<br>25        | Age<br>72                                           | Years<br>+                 | Months<br>+     | Days                |
| Sex                                  | <i>Male</i>                |                                           | Color or<br>Race | <i>White</i>                                        |                            | Birth-<br>place | <i>Frederick Md</i> |
| Occupation                           | <i>Labourer Ex Soldier</i> |                                           |                  | Where Residing if not<br>at place of death <i>X</i> |                            |                 |                     |
| Married, Single<br>or Widowed        | <i>61-65</i>               |                                           |                  | Name of Wife or<br>Husband <i>X</i>                 |                            |                 |                     |
| Father's<br>Name                     | <i>Joseph Stevens</i>      |                                           |                  |                                                     | Father's<br>Birthplace     | <i>Germany</i>  |                     |
| Mother's<br>Maiden Name              | <i>Catharine May</i>       |                                           |                  |                                                     | Mother's<br>Birthplace     | <i>Germany</i>  |                     |
| Name of person giving<br>Information | <i>Mrs John Topper</i>     |                                           |                  |                                                     | How related<br>to deceased | <i>Sister</i>   |                     |

## CAUSES OF DEATH

63

PHYSICIAN  
OR CORONER

|                                                                         |                          |                           |                          |
|-------------------------------------------------------------------------|--------------------------|---------------------------|--------------------------|
| Primary                                                                 | <i>Paralysis Agnina</i>  | How long                  | <i>24 hours</i>          |
| Immediate                                                               | <i>Embolism Apoplexy</i> | How long                  | <i>24 hours</i>          |
| Are the name, age, sex, color, data<br>and place correctly given above? | <i>Yes</i>               | Signature of<br>Physician | <i>Franklin Buchanan</i> |
|                                                                         |                          | Address                   | <i>City -</i>            |
| Accident or Suicide                                                     |                          |                           |                          |





Name  
in  
Full

## CERTIFICATE OF DEATH

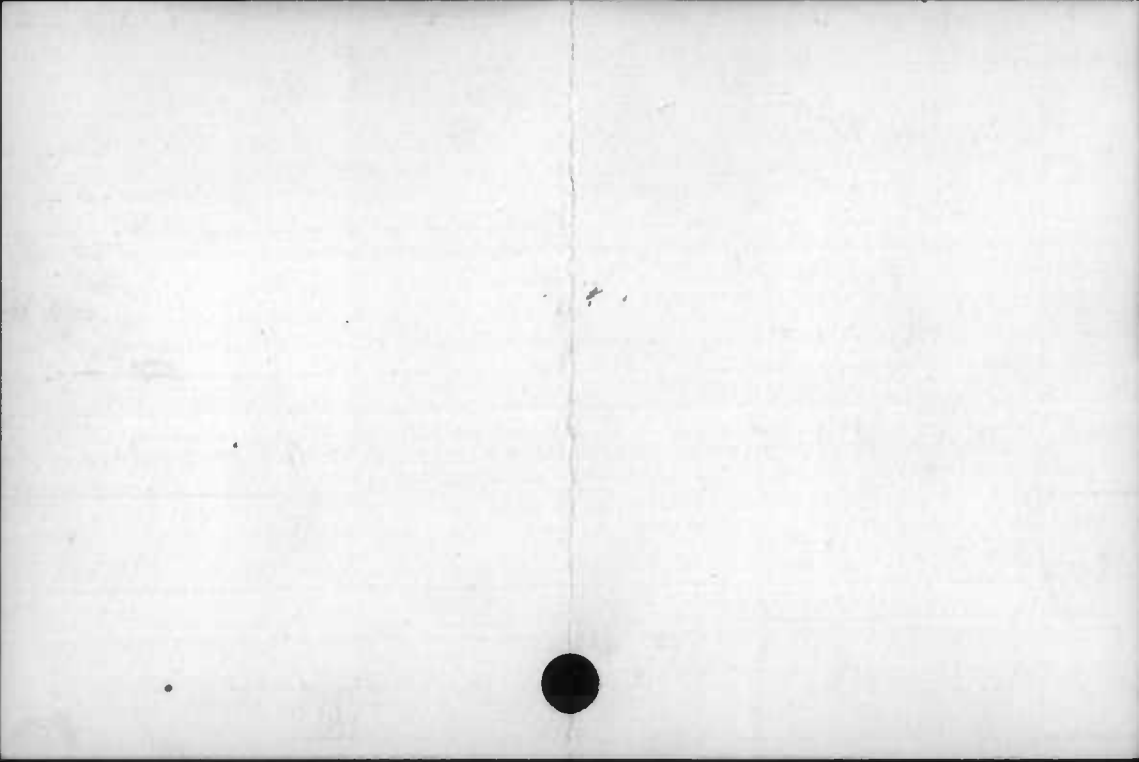
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                               |  |                                  |  |                                                       |  |                   |  |                    |  |                   |  |
|---------------------------------------------------------------|--|----------------------------------|--|-------------------------------------------------------|--|-------------------|--|--------------------|--|-------------------|--|
| Name<br>in<br>Full<br><i>Mary Elizabeth Stevens</i>           |  | Town<br><i>Crookston</i>         |  | County<br><i>Frederick's</i>                          |  | MARYLAND          |  |                    |  |                   |  |
| Died at<br><i>Crookston</i>                                   |  | Month<br><i>Nov</i>              |  | Day<br><i>4</i>                                       |  | Years<br><i>0</i> |  | Months<br><i>0</i> |  | Days<br><i>26</i> |  |
| Date<br>of death<br><i>1909</i>                               |  | Month<br><i>Nov</i>              |  | Day<br><i>4</i>                                       |  | Age<br><i>0</i>   |  | Months<br><i>0</i> |  | Days<br><i>26</i> |  |
| Sex<br><i>Female</i>                                          |  | Color or<br>Race<br><i>White</i> |  | Birth-<br>place<br><i>Crookston</i>                   |  |                   |  |                    |  |                   |  |
| Occupation<br><i></i>                                         |  |                                  |  | Where Residing if not<br>at place of death<br><i></i> |  |                   |  |                    |  |                   |  |
| Married, Single<br>or Widowed<br><i>Single</i>                |  |                                  |  | Name of Wife or<br>Husband<br><i></i>                 |  |                   |  |                    |  |                   |  |
| Father's<br>Name<br><i>Frank Stevens</i>                      |  |                                  |  | Father's<br>Birthplace<br><i>Crookston Md</i>         |  |                   |  |                    |  |                   |  |
| Mother's<br>Maiden Name<br><i>Elsie Yaver</i>                 |  |                                  |  | Mother's<br>Birthplace<br><i>"</i>                    |  |                   |  |                    |  |                   |  |
| Name of person giving<br>In formation<br><i>Frank Stevens</i> |  |                                  |  | How related<br>to deceased<br><i>Father</i>           |  |                   |  | <i>151</i>         |  |                   |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                         |                             |
|-------------------------------------------------------------------------|-----------------------------|
| Primary<br><i>Atelectasis-Pulmonum</i>                                  | How long<br><i>26 days.</i> |
| Immediate<br><i>Infantile Debility.</i>                                 | How long<br><i>26 days.</i> |
| Are the name, age, sex, color, date<br>and place correctly given above? |                             |
| Signature of<br>Physician<br><i>Robt. Hammond</i>                       |                             |
| Address<br><i>Woodboro Md.</i>                                          |                             |
| Accident or Suicide?<br><i>no.</i>                                      |                             |



Name  
in  
Full

## CERTIFICATE OF DEATH

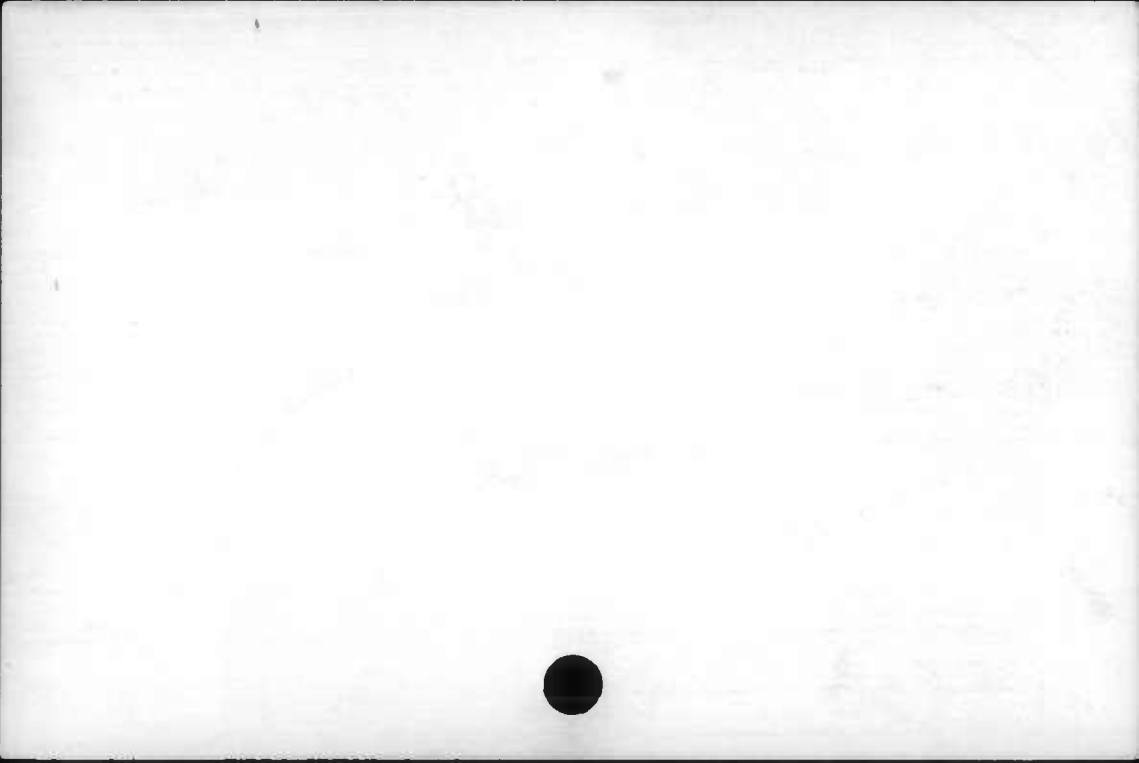
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                          |  |                                         |  |                                 |  |                   |  |
|----------------------------------------------------------|--|-----------------------------------------|--|---------------------------------|--|-------------------|--|
| Died at <i>Brunswick</i>                                 |  | Town <i>Sullivan</i>                    |  | County <i>Frederick</i>         |  | MARYLAND          |  |
| Date of death <i>1904</i>                                |  | Month <i>Nov</i>                        |  | Day <i>1</i>                    |  | Age <i>1 hour</i> |  |
| Sex <i>Female</i>                                        |  | Color or Race <i>White</i>              |  | Birth-place <i>Brunswick Md</i> |  |                   |  |
| Occupation <i>none</i>                                   |  | Where Residing if not at place of death |  |                                 |  |                   |  |
| Married, Single or Widowed <i>Single</i>                 |  | Name of Wife or Husband                 |  |                                 |  |                   |  |
| Father's Name <i>Thomas H Sullivan</i>                   |  | Father's Birthplace <i>Md</i>           |  |                                 |  |                   |  |
| Mother's Maiden Name <i>Ella M. Fouch</i>                |  | Mother's Birthplace <i>Md</i>           |  |                                 |  |                   |  |
| Name of person giving Information <i>Ella M Sullivan</i> |  | How related to deceased <i>Mother</i>   |  |                                 |  |                   |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                                         |
|----------------------------------------------------------------------|-----------------------------------------|
| Primary <i>Exhaustion</i>                                            | <i>151</i><br>How long                  |
| Immediate                                                            | How long                                |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>H H Hayes</i> |
|                                                                      | Address <i>Brunswick Md</i>             |
| Accident or Suicide                                                  |                                         |



Name  
in  
Full

Metta Richard Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

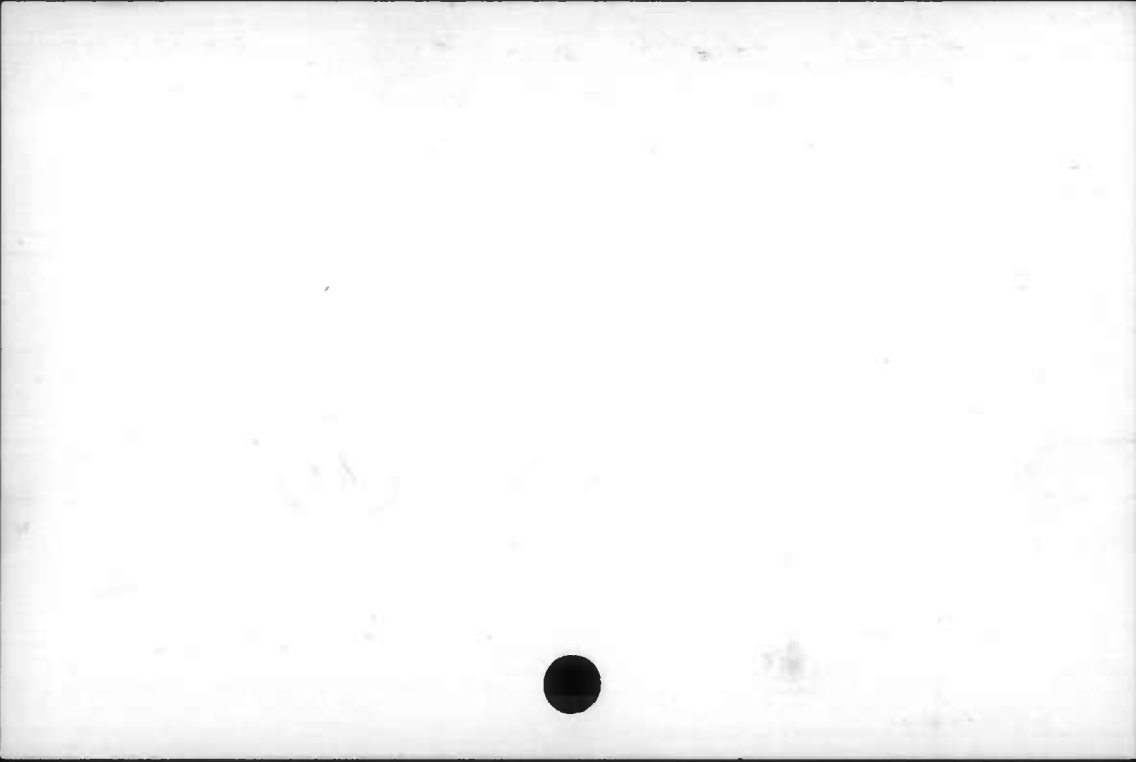
|                                   |                   |                                         |               |             |       |
|-----------------------------------|-------------------|-----------------------------------------|---------------|-------------|-------|
| Died at <b>Brunswick</b>          |                   | County <b>Frederick</b>                 |               | MARYLAND    |       |
| Date of death                     | 1909              | Month                                   | Nov           | Day         | 2     |
| Age                               | 29                | Years                                   |               | Months      |       |
| Sex                               | male              | Color or Race                           | White         | Birth-place | W. Va |
| Occupation                        | Brookman          | Where Residing if not at place of death | Snowville     |             |       |
| Married, Single or Widowed        | married           | Name of Wife or Husband                 | Anna May Wise |             |       |
| Father's Name                     | Thos. Tucker      | Father's Birthplace                     | W. Va         |             |       |
| Mother's Maiden Name              | Marta Ann Sellers | Mother's Birthplace                     | W. Va         |             |       |
| Name of person giving Information | Anna M. Tucker    | How related to deceased                 | wif           |             |       |

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

|                                                                      |                  |                        |                           |
|----------------------------------------------------------------------|------------------|------------------------|---------------------------|
| Primary                                                              | Run over by cars | How long               | Instantly                 |
| Immediate                                                            | Crushed          | How long               |                           |
| Are the name, age, sex, color, date and place correctly given above? | yes              | Signature of Physician | Levin Frost               |
|                                                                      |                  | Address                | Brunswick<br>Frederick Co |
| Accident or Suicide                                                  | Accident         |                        |                           |



Name  
in  
Full

## CERTIFICATE OF DEATH

Jucker Elizabeth

Town

County

MARYLAND

Died at Frederick

Frederick

Date

of death 1909

Month

11

Day

9

Years

Age 70

Months

—

Days

—

Sex

Female

Color or  
Race

American

Birth-  
place

Dist. Conn.

Occupation

Housewife

Where Residing if not  
at place of death

Baltimore.

Married, Single  
or Widowed

Dist. Conn.

Name of Wife or  
Husband

Dist. Conn.

Father's  
Name

Dist. Conn.

Father's  
Birthplace

Dist. Conn.

Mother's  
Maiden Name

Dist. Conn.

Mother's  
Birthplace

Dist. Conn.

Name of person giving  
information

J. H. Lundy

How related  
to deceased

Dist. Conn.

## CAUSES OF DEATH

27

Primary

Pleur. Pulmon.

How long

(2/)

Immediate

asthma

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

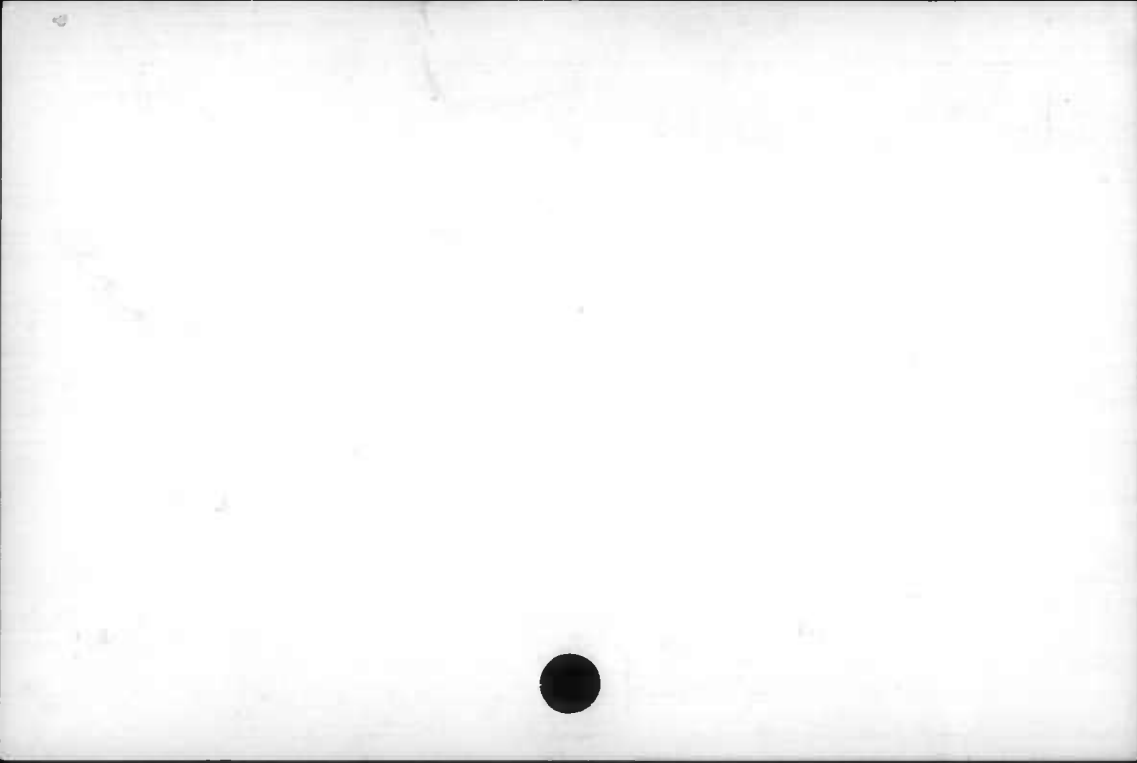
H. P. Fehmy M.D.

Address

Frederick Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

George W. Washington  
Town Frederick County

MARYLAND

Died at Frederick Frederick  
Date of death 1909 11 7 Age 44  
Month Day Years Months Days

Sex Male Color or Race Black Birth-place Pa.

Occupation Hod carrier Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Georgeanna Williams

Father's Name Alexander Washington Father's Birthplace Pa

Mother's Maiden Name Sarah Garner Mother's Birthplace "

Name of person giving Information Mrs. Washington How related to deceased Wife

CAUSES OF DEATH

Primary Phthisis Pulmonales

How long ?

Immediate Exhaustion

How long ?

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm. Campbell  
Address Frederick Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Internment Nov 10 - 09

" at Carlisle Pa

Thomas P. Rice F.O.

to W. B. Johnson

to McCurdy.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*(illegitimate)*  
Austin Dorman West

Died at *Catoctin Furnace* <sup>Town</sup> *Frederick* <sup>County</sup> MARYLAND

Date of death 1909 <sup>Month</sup> Nov <sup>Day</sup> 29 Age <sup>Years</sup> — <sup>Months</sup> Five <sup>Days</sup> 17

Sex Male Color or Race White Birth-place *Catoctin Furnace*

Occupation \_\_\_\_\_ Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Samuel West* Father's Birthplace  *Md*

Mother's Maiden Name *Mary Ada Stitley* Mother's Birthplace  *Md*

Name of person giving information *Charles Stitley* How related to deceased *Grandfather*

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary *Broncho Pneumonia* How long *14 days*

Immediate *Asthenia* How long *3 days*

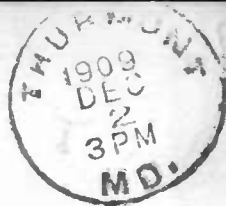
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. D. S. Young*

Address *Freagerstown*

*Fredk Co*

Accident or Suicide? \_\_\_\_\_



Mr. Elmer Black,  
Thurmont,

Md.

Name  
in  
Full

Emma C. Whitmore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                               |                                                           |                        |                         |                            |
|--------------------------------------|-------------------------------|-----------------------------------------------------------|------------------------|-------------------------|----------------------------|
| Died at <i>Craby</i> <sup>Town</sup> |                               | <i>Frederick</i> <sup>County</sup>                        |                        | MARYLAND                |                            |
| Date of death                        | 190 <i>9</i> <sup>Month</sup> | <i>Nov.</i> <sup>Day</sup>                                | <i>10</i>              | Age                     | <i>45</i> <sup>Years</sup> |
|                                      |                               |                                                           |                        |                         | <i>8</i> <sup>Months</sup> |
|                                      |                               |                                                           |                        |                         | <i>11</i> <sup>Days</sup>  |
| Sex                                  | <i>Female</i>                 | Color or Race                                             | <i>White</i>           | Birth-place             | <i>Frederick, Co.</i>      |
| Occupation                           | <i>House wife</i>             | Where Residing if not at place of death <i>Craby, Md.</i> |                        |                         |                            |
| Married, Single or Widowed           | <i>Married</i>                | Name of Wife or Husband                                   | <i>Thomas Whitmore</i> |                         |                            |
| Father's Name                        | <i>Frederick Frysdrum</i>     |                                                           |                        | Father's Birthplace     | <i>Frederick, Co.</i>      |
| Mother's Maiden Name                 | <i>Jennett Meldrum</i>        |                                                           |                        | Mother's Birthplace     | <i>" "</i>                 |
| Name of person giving Information    | <i>Husband of deceased</i>    |                                                           |                        | How related to deceased | <i>1</i>                   |

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

|                                                                      |                            |                                             |                 |
|----------------------------------------------------------------------|----------------------------|---------------------------------------------|-----------------|
| Primary                                                              | <i>Carcinoma of breast</i> | How long                                    | <i>1 year</i>   |
| Immediate                                                            | <i>Exhaustion</i>          | How long                                    | <i>2 months</i> |
| Are the name, age, sex, color, date and place correctly given above? |                            | Signature of Physician <i>T. B. Johnson</i> |                 |
|                                                                      |                            | Address <i>Frederick, Md.</i>               |                 |
| Accident or Suicida                                                  |                            |                                             |                 |



Name  
in  
Full

Dennis Whiteley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |                         |     |                                         |       |             |      |
|-----------------------------------|--|-------------------------|-----|-----------------------------------------|-------|-------------|------|
| Died at                           |  | Town                    |     | County                                  |       | MARYLAND    |      |
| Date of death                     |  | Month                   | Day | Age                                     | Years | Months      | Days |
| 1909                              |  | Nov                     | 10  | 65                                      |       | Do not know |      |
| Sex                               |  | Color or Race           |     | Birthplace                              |       |             |      |
| Male                              |  | white                   |     | Do not know                             |       |             |      |
| Occupation                        |  |                         |     | Where Residing if not at place of death |       |             |      |
| None                              |  |                         |     | —                                       |       |             |      |
| Married, Single or Widowed        |  | Name of Wife or Husband |     |                                         |       |             |      |
| widower                           |  | Do not know             |     |                                         |       |             |      |
| Father's Name                     |  |                         |     | Father's Birthplace                     |       |             |      |
| Do not know                       |  |                         |     | Do not know                             |       |             |      |
| Mother's Maiden Name              |  |                         |     | Mother's Birthplace                     |       |             |      |
| " " "                             |  |                         |     | " " "                                   |       |             |      |
| Name of person giving Information |  |                         |     | How related to deceased                 |       |             |      |
| Harry Whiteley                    |  |                         |     | Son                                     |       |             |      |

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

|                                                                      |                           |                           |             |
|----------------------------------------------------------------------|---------------------------|---------------------------|-------------|
| Primary                                                              | Cancer of the Liver       | How long                  | Do not know |
| Immediate                                                            | Dropsy & general asthenia | How long                  | 2 weeks     |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician    |             |
| Yes                                                                  |                           | C. W. R. Cunningham, M.D. |             |
| Address                                                              |                           | Baltimore, Md.            |             |
| Accident or Suicide                                                  |                           |                           |             |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                             |  |                                               |  |                                                     |  |                     |  |
|-------------------------------------------------------------|--|-----------------------------------------------|--|-----------------------------------------------------|--|---------------------|--|
| Name in Full<br><i>Robert Lester Wilson</i>                 |  | Town<br><i>New Midway</i>                     |  | County<br><i>Fred.</i>                              |  | State<br><i>Md.</i> |  |
| Died at<br><i>New Midway</i>                                |  | Month<br><i>Nov.</i>                          |  | Day<br><i>11</i>                                    |  | Year<br><i>1909</i> |  |
| Date of death<br><i>1909 Nov. 11</i>                        |  | Age<br><i>—</i>                               |  | Month<br><i>11</i>                                  |  | Days<br><i>14</i>   |  |
| Sex<br><i>Male</i>                                          |  | Color or Race<br><i>white</i>                 |  | Birth place<br><i>New Midway Md.</i>                |  |                     |  |
| Occupation<br><i>ing out</i>                                |  |                                               |  | Where Residing if not at place of death<br><i>—</i> |  |                     |  |
| Married, Single or Widowed<br><i>—</i>                      |  | Name of Wife or Husband<br><i>—</i>           |  |                                                     |  |                     |  |
| Father's Name<br><i>John Robert Wilson</i>                  |  | Father's Birthplace<br><i>Calvert Co. Md.</i> |  |                                                     |  |                     |  |
| Mother's Maiden Name<br><i>Anna Stitely</i>                 |  | Mother's Birthplace<br><i>Fred. Co. Md.</i>   |  |                                                     |  |                     |  |
| Name of person giving Information<br><i>J. Robt. Wilson</i> |  | How related to deceased<br><i>Father</i>      |  |                                                     |  |                     |  |

## CAUSES OF DEATH

Primary

*Cholera Infantum*

How long

*3 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

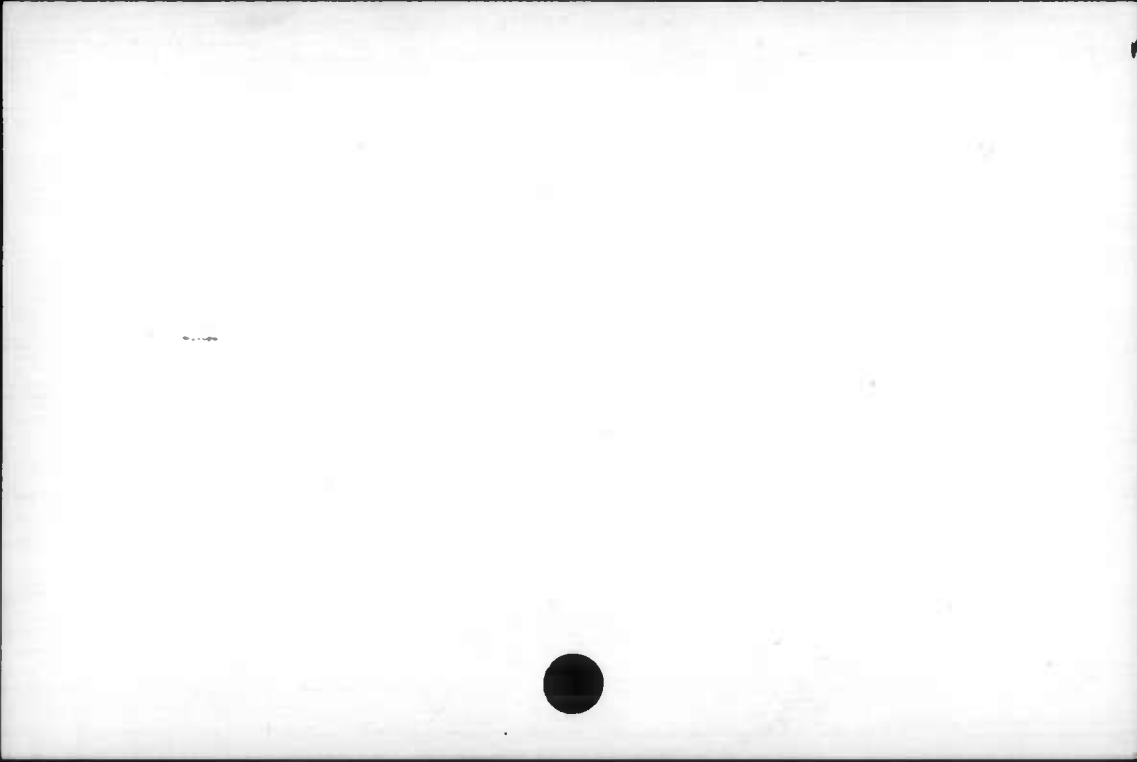
Signature of Physician

Address

*C. H. Diller  
Wetons**Md.*

Accident or Suicide

*—*PHYSICIAN  
OR CORONER



Name  
in Full

Infant Wisner

CERTIFICATE OF DEATH

Near Town County  
Died at Walkersville Frederick Maryland  
Date of death 1909 11 2 Age 0 8 24  
Sex Male Color or Race White Birth place Near Walkersville  
Occupation \_\_\_\_\_ Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
Father's Name Charles Wisner Father's Birthplace Frederick Md  
Mother's Maiden Name Cordelia Main Mother's Birthplace " Co "  
Name of person giving information Chas Wisner How related to deceased Father

CAUSES OF DEATH

Primary Marasmus How long 8 months  
Immediate Spasms How long 12 hrs

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician D. E. Stone  
Address Mt. Pleasant Md.  
(for D. E. Stone by permission)  
Accident or Suicide \_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Interment Nov 3 - 1909  
" at Mt Olivet Cem  
Thomas P. Rice F.O.

vs Stone

vs Goodell

vs McCurdy

Name  
in  
Full

Sydney Elizabeth Wollard

CERTIFICATE OF DEATH

Died at Thurmont Frederick MARYLAND

Date of death 1909 Month Nov Day 19 Age — Years — Months — Days 13

Sex Female Color or Race White Birthplace Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Frank Wollard Father's Birthplace Maryland

Mother's Maiden Name Maud Davis Mother's Birthplace Maryland

Name of person giving information Frank Wollard How related to deceased Son

CAUSES OF DEATH

Primary Erysipelas How long 1 week

Immediate Bronchopneumonia How long 2 days

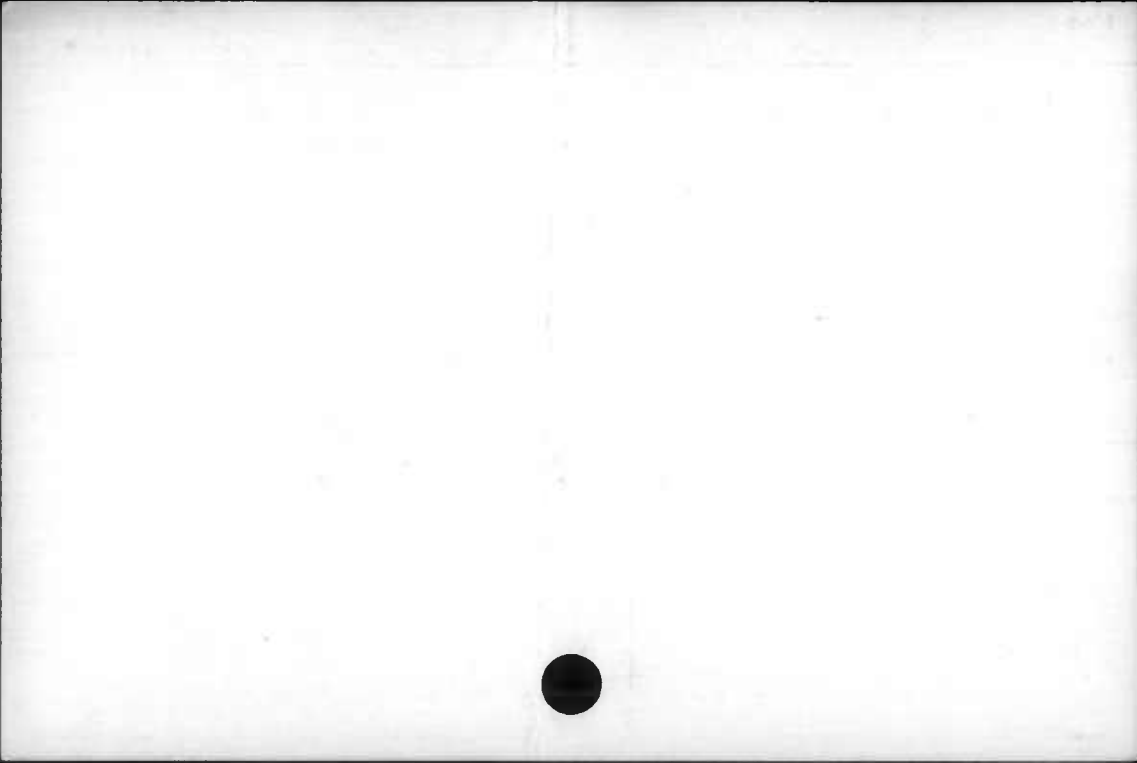
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. C. Kefauver

Address Thurmont Md.

Accident or Suicide —

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Edna Catharine Wright*

Dec'd at *Middletown* <sup>Town</sup> *Fredrick* <sup>County</sup> **MARYLAND**

Date of death *1909 Nov 29* <sup>Month</sup> <sup>Day</sup> Age *—* <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> *29*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Harry C Wright* Father's Birthplace *Md*

Mother's Maiden Name *Mary E Summers* Mother's Birthplace *Md*

Name of person giving Information *Harry Wright* How related to deceased *Father*

**CAUSES OF DEATH**

*150*

PHYSICIAN  
OR CORONER

Primary *Spina Rigida* How long *Since birth*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Ralph Browning*

Address *Myersville, Md*

Accident or Suicide *—*

451